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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13785

LED MAY 13 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 474

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 716 No 6th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 716 No 6th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Maria Jane Scott

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. W.

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May (Month) 6 (Day) 1850 (Year)

8. AGE: Years 92 Months 11 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name A. R. Boles
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. R. Scott
(b) Address St Joseph, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hiawatha Kans

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address 1946 Colfax

19. (a) 4-24-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year 1943 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct 13, 1939, to 4-23, 1943
that I last saw her alive on 4-23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Malnutrition and age

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Thomas Redmond (M. D. or other)

Address 328 Kirkpatrick Bldg St Joseph, Mo Date signed 4-24-43

1255 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., ~~Registered Apprentice No.~~ .....,

working under my personal supervision.

Signed Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.