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M—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17705

Registration District No. 84 — Primary Registration District No. 5318 — Registrar's No. 12

27
0
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Cooper
(b) City or town: Beaman Lebanon-Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 1 / 4 miles north of Clifton City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper 27
(c) City or town: Beaman 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1-- 4 miles north of Clifton City
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME: Samuel Scott

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White 0

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: *** ***

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

7. Birth date of deceased: March 10, 1874 (Month) (Day) (Year)

8. AGE: Years 69 | Months 1 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Taney County, Iowa / (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Scott
13. Birthplace: Charleston, Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Johnson
15. Birthplace: unknown, Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant: Sherman Scott
(b) Address: Route 1, Beaman, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cemetery

18. (a) Signature of funeral director: Ewing Funeral Home
(b) Address: Sedalia, Missouri 64 Rivr

19. (a) May 8-1943 (Date received local registrar) (b) Mrs. Rob Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1943 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from May 1, 1943 to May 7, 1943 that I last saw him alive on May 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chron. Myocarditis

Due to: Hypertension

Due to:

Other conditions: 93d
(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

23. Signature: [signature] Holtzin (M. D. or other)
Address: Smithton Mo Date signed 5/8/43

1067

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6-[illegible]

JUN 8 1948

JUN 7 1948

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 [illegible]

Licensed Embalmer No. 1407

P. O. Address Sedalia, 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.