

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

FILED MAY 27 1943

Registration District No. 301

Primary Registration District No. 6228

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Washing House
(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 Mo (b) County Vernon 1105

(c) City or town Statesburg - Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George W. Scott

3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife LIPDA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB 14 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 2 24 hr. _____ min.

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

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER { 12. Name Уокловн

{ 13. Birthplace IL
(City, town, or county) (State or foreign country)

{ 14. Maiden name Уокловн

{ 15. Birthplace IL
(City, town, or county) (State or foreign country)

16. (a) Informant LIPDA Scott

(b) Address STATESBURG MO

17. (a) Removal (b) Date thereof May 10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cushing Oklahoma

18. (a) Signature of funeral director T. W. McSPELLEY, Son

(b) Address H. T. E. MO

19. (a) May 13, 1943 (b) Mrs. Wm. Charles
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 13 minute 30.0 M.

21. I hereby certify that I attended the deceased from May 1st
1943 to May 8th 1943
that I last saw him alive on May 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension Duration 1 yr.

Due to gfa

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

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature Dr. H. Allen (M. D. or other) _____
Address Home Date signed 5/11/43

JUN 9 1948

JUL 27 1948

DEC 31 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.....

Licensed Embalmer No.....

P. O. Address.....

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.