

ED JUL 12 1943
Registration District No. 33

Primary Registration District No. 5490

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town New Hampton White Oak Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Fifty Three Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town New Hampton
(If outside city or town limits, write "RURAL")
City
(If rural, give location)
(d) Street No. _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary B. Scott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife George Scott 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec 10 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name James L Solomond
13. Birthplace Indiana /
(City, town, or county) (State or foreign country)
14. Maiden name Nancy M Ross
15. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H E Scott
(b) Address New Hampton Mo
17. (a) Burial (b) Date thereof May 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Foster Cemetry

18. (a) Signature of funeral director W J Noble
(b) Address New Hampton Mo.

19. (a) June 5, '43 (b) Zela M. Burris
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9
year 1943 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from Mich 1st
1943, to May 9 1943
that I last saw her alive on May 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 55 lb

Major findings:
Of operations _____
Of autopsy _____

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) (e) Means of injury _____
23. Signature H. H. Johnson (M. D. or other) D
Address New Hampton Date signed May 11 1943

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

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.....

me....., Registered Apprentice No.....

working under my personal supervision.

Signed *W H Noble*.....

Licensed Embalmer No. *2904*.....

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.