FILED AUG 6 1943

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24704

Do not use this space.

1. PLACE OF DEATH

(a) County Clark — Registration District No. 70

(b) Township Vernon — Primary Registration District No. 5284 — Registered No. 52 23

(c) City ~~Alexandria~~ — (d) Street No. ..... St. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROSETTA E. SCOTT

(a) Residence, No. ..... St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.M.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: E. W. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18 1858

7. AGE: YEARS 84 — MONTHS 10 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oakwood, Ill.

FATHER

13. NAME: C. E. Hecox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Margret Boyles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Elmer Scott, Alexandria, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Frazee — DATE: July 2, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. E. Kircher, Wayland, Mo.

20. FILED ~~June 28~~ 7-2-43, 1943 ~~D. F. A. S. Rebo~~ Perry S. Boston, Local Registrar

1093

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 28, 1943

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1942 to June 28, 1943

I last saw her alive on June 28, 1943. Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

General Paralysis
Senile Debility

Date of onset

Other contributory causes of importance: 83d

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. A. S. Rebo, M. D.

(Address) Alexandria, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File Number 8-43-1248
Date Filed AUG 5 1943

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 H. F. Kiehl

Licensed Embalmer No. 261

P. O. Address Wayland

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, above space should be left blank.