

FILED AUG 22 1943

Registration District No. _____

Primary Registration District No. 3045

1. PLACE OF DEATH:

(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
400 ELM ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 400 ELM ST
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME

JOHN SCOTT

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race COLOR 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased YEAR OF 1869 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day ABOUT 74 hr. min.

9. Birthplace STATE OF LOUISIANA (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMING

12. Name NO RECORD

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

14. Maiden name NO RECORD

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

16. (a) Informant W.C. CARROLL

(b) Address CHARLESTON, Mo

17. (a) BURIAL (b) Date thereof 7-27-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, Mo

18. (a) Signature of funeral director John F. Hummel

(b) Address Charleston, Mo

19. (a) 1-43 (b) Mrs. Lou Ma... (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25th (25th) year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
No Medical Attendance
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: External Sarcosis Hypotension
Due to _____
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? _____

23. Signature Mrs. M. Kelly (Specify name of place) (e) Means of injury Coronary (M. D. or other)
Address East Prairie, Mo Date signed 7/28/43

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

MOTHER FATHER

1257

RECEIVED

District Health Office No. 2,

District File Number 843-1012

Date Filed 8-9-43

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

John F. Nunnally Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.