

S. No. 2  
1-9-44  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29554

State File No. ....

Registrar's No. ....

ED AUG 19 1943

Registration District No. 6778 381 Primary Registration District No. 3-8-1-178

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

1. PLACE OF DEATH:

(a) County Sullivan

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community lifetime (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Browning  
(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 James Ralph Scott

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security \_\_\_\_\_  
pam war \_\_\_\_\_ No \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married single

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

7. Birth date of deceased August 4, 1928  
(Month) (Day) (Year)

8. AGE: Years 14 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Frank M. Scott

13. Birthplace Merzer Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mellie M. Warrington

15. Birthplace Humphrey, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Frank M. Scott

(b) Address Browning, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof June 9, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Humphrey, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1943 hour 5 minute \_\_\_\_\_ p.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above

Immediate cause of death accidental drowning while swimming in pond Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 183-3

Major findings: 36

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) drowning 105

(b) Date of occurrence June 6, 1943

(c) Where did injury occur? Browning, Sullivan, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In pond on farm  
(Specify type of place)

While at work? swimming Means of injury \_\_\_\_\_

23. Signature Charles L. Fisher (M.D. or other) D.O.  
Address Dallas, Mo. Date signed 6-6-43

1190

(Licensed Embalmer's Statement on Reverse Side)

Carsoner

**RECEIVED**

**District Health Officer No. 10**

District File Number 8-43-1211

Date Filed AUG 3 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

*Frank D. Schoene*

Licensed Embalmer No.....

*2016*

P. O. Address.....

*Milan, 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.**