

37741

State File No. \_\_\_\_\_

FILED DEC 11 1943

Registration District No. 38

Primary Registration District No. 3006-5-1-20

Registrar's No. 283

1. PLACE OF DEATH:

(a) County B Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days)

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Salisbury, Mo. 21  
(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 Taylor Scott

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 8  
1943 to November 24, 1943  
that I last saw him alive on November 24 1943  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Opal Scott

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

7. Birth date of deceased August 7th 1866  
(Month) (Day) (Year)

Immediate cause of death pernial Duration 4 days

Due to kidney failure

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

Other conditions 468  
(Include pregnancy within 3 months of death)

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

77 yrs. 3 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Major findings: Cancer of stomach

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

Of autopsy above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name Elsie Scott

13. Birthplace Kentucky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Viola Morgan

15. Birthplace Do not know 9  
(City, town, or county) (State or foreign country)

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 W. B. Cooper (M. D. or other) \_\_\_\_\_  
Address C. F. S. Carter Hoop Date signed 11/24

16. (a) Informant P. T. Taylor Scott

(b) Address Salisbury, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/27/43  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director W. B. Cooper

(b) Address Madison, Missouri

19. (a) 11-24-43 (b) E. D. H. Barber  
(Date received local registrar) (Registrar's signature)

1250

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

024

**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

*Paul Richard Brown*

Licensed Embalmer No.

*4324*

P. O. Address

*Madison, 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.**