S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1006

State File No. 41434

Registrar's No. 329

1. PLACE OF DEATH:
(a) County Adair
(b) City or town "Rural" Greentop Pcct
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Greentop, Mo. 1-Rural R.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Greentop "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredrick D. Scott

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hettie Scott

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

7. Birth date of deceased April (Month) 21 (Day) 1876 (Year)

8. AGE: Years 67 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name David Scott
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Emily Sevits
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant E.C. Scott
(b) Address Coatsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/ 22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Hazel Creek Union

18. (a) Signature of funeral director J.E. Riley
(b) Address Kirksville, Mo.

19. (a) 12/27/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 1937 to 12-18 1943 that I last saw him alive on 12-18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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)
(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? (Specify type of place)
While at work (e) Means of injury

23. Signature O L Martin (M. D. or other) DO
Address Kirksville Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-AB-22
Date Filed JAN 7 1944

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 D E Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville 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.