

S. No. 2  
M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1398

FILED JAN 5 1943  
Registration District No. 492

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1613 South 10th  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN A. SCOTT

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 488-14-8968

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rose Marie Scott 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 26 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>7</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Warren county Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation stationary engineer

11. Industry or business Sun Mfg. Co. retired

MOTHER FATHER { 12. Name Winfield Scott

{ 13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Matilda Lacy

{ 15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Verna Hendrick

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 12/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Walter Bethe & Bowman

(b) Address 319 South 10th

19. (a) 12/20/43 (b) Jose Heizer  
(Date received local registrar) (Registrar's signature)

1233

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 19 year 1943 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 1 1943 to Dec 19 1943 that I last saw him alive on Dec. 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis with decompensation Duration month

Due to Chronic endocarditis (Mitral insufficiency)

Due to Acute rheumatic fever

Other conditions Prostatic hypertrophy  
(Include pregnancy within 3 months of death)

Major findings: none

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

Of autopsy: none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature B. Grant M.D. (M. D. or other) \_\_\_\_\_

Address St. Joseph, Mo. Date signed 12-19-43

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**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 A. Bourne*  
Licensed Embalmer No. 1716  
P. O. Address St. Joseph 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.**