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5-17-39  
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43944

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 13 1944

Registration District No. 326

Primary Registration District No. 6110

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town "Rural" West Township  
(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 years, months or days) 45 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Van Buren <sup>999</sup>

(c) City or town Selma <sup>13</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME John L Scott

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1943 hour 10 minute 30 AM

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

4. Sex Male 5. Color or race White

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 Feb 19 1881  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above,

Immediate cause of death.....  
Results from operation for Esophagostomy

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

62 2 4 hr. min.

Due to and adjuvants in area of stomach. Last seen

Due to no Dr in attendance

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

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

Major findings:  
Of operations.....  
Of autopsy.....

10. Usual occupation Farm labor

11. Industry or business

12. Name Simpkin R. Scott

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

14. Maiden name Catherine

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

16. (a) Informant Mrs Arthur Roberts

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof Dec 24 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Selma Iowa

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?.....

18. (a) Signature of funeral director Arthur B. Baskett

(b) Address Memphis Mo

19. (a) Dec 30, 1943 (b) Bernice Thilson  
(Date received local registrar) (Registrar's signature)

While at work?.....  
(Specify type of place) (c) Means of injury.....

23. Signature PA Baker coroner (M. D. or other)

Address Memphis Mo Date signed 1/4/44

RECEIVED

District Health Officer No. 10

District File Number 1-44-136

Date Filed JAN 12 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 *Albert C. Gerth*

Licensed Embalmer No. *4256*

P. O. Address *Memphis 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.