

Registration District No. 144

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 Macon Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 114 Macon Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Alice Scott

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W-2
6. (b) Name of husband or wife Ira M. Scott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 4, 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Parvin
13. Birthplace Dk 7
(City, town, or county) (State or foreign country)
14. Maiden name Dk
15. Birthplace Dk 7
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Transue
(b) Address Monmouth, Illinois

17. (a) Burial (b) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Rusk Funeral Home
(b) Address Brookfield, Mo.

19. (a) 1-5-1944 (b) W. W. Cowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to Jan 4, 1944
that I last saw her alive on Jan 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Liver Dysfunction 9 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration

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 2

23. Signature W. N. Patten (M. D. or other) PA
Address Brookfield, Mo. Date signed 1-5-44

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

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.....

H. B. Wright

Licensed Embalmer No.....

3718

P. O. Address.....

Brookfield, 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.