

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4097

Registration District No. 299

Primary Registration District No. 6026

Registrar's No.

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Centerville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barroll Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community life years, months or days)

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

3. (a) PRINT FULL NAME Myrtle Lee Scott
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6
year 1944 hour 7 minute 00 P.M.

4. Sex fem 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edward Scott
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased December 9 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 20 1943 to Jan 6 1944
that I last saw her alive on Jan 6 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 0 Days 27
If less than one day hr. _____ min. _____

Immediate cause of death mitral insufficiency
Duration _____

9. Birthplace Centerville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Due to a severe case of influenza of hemorrhagic type
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations g2 f
Of autopsy _____

11. Industry or business _____
12. Name James Hill
13. Birthplace Centerville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bonora Hunter
15. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant William Scott
(b) Address Centerville Missouri
17. (a) burial (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Centerville Missouri
Norman White & Sons
18. (a) Signature of funeral director _____
(b) Address 2 S. White Ironton Mo.
19. (a) Jan 10 1944 (b) Max Dancy
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature C. W. Hiffertich (M. D. or other) M.D.
Address Centerville Mo Date signed 1/10/44

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

70
0
0

1194

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 14466

Date Filed 1-27-44

JAN 31 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 Amel White

Licensed Embalmer No. 3012

P. O. Address Clinton Ave.

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.