No. 2
1—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 MAR 8 1944

Registration District No. 286

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4424

8030

State File No.

Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Humansville
(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)
In this community 35 years

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

3. (a) PRINT FULL NAME Lillie Janet Scott
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alexander B. Scott
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 21 (Day) 1856 (Year)
8. AGE: Years 87 Months 9 Days 10 If less than one day hr. min.
9. Birthplace Shakespear (City, town, or county) Canada (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
MOTHER FATHER
12. Name William Stewart
13. Birthplace Edenborough (City, town, or county) Scotland (State or foreign country)
14. Maiden name Lillie McLean
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant R. R. Scott
(b) Address Humansville MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 3, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Humansville Cemetery
18. (a) Signature of funeral director E. H. Simm
(b) Address Humansville Mo.
19. (a) Mar. 4-44 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1944 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Mch, 1940, to Mch 1st, 1944; that I last saw her alive on Mch 1st, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	8 Days
Due to: arteri Sclerosis	yrs
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 Roscoe C. Nevins (M. D. or other) M. D.
Address Humansville Mo Date signed 3-2-44

1188 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-44-233
Date Filed 3-7-44

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 by me, Registered Apprentice No. ....., working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.