

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14316
Do not use this space.

FILED MAY 9 1944

1. PLACE OF DEATH
 (a) County Callaway Registration District No. 47
 (b) Township Cedar Primary Registration District No. 2767
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clayton Scott
 (a) Residence, No. Callaway County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>				
7. AGE <u>About 27</u>	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Missouri</u>				
FATHER	13. NAME <u>Louis Milton Scott</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Stella Vaughan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Louis Milton Scott</u> <u>New Bloomfield, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Chappel</u> DATE <u>4/14/1944</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ray A. Holt</u> <u>New Bloomfield, Missouri</u>				
20. FILED <u>4-17-44</u> <u>Joan Mosier</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4/13/1944</u>	19
22. I HEREBY CERTIFY, That I attended deceased from <u>March 15</u> 19 <u>44</u> to <u>4/13-1944</u> , 19 <u>44</u> (last seen alive on <u>4/13-1944</u>) Death is said to have occurred on the date stated above, at <u>5:30 Pm.</u> The principal cause of death and related causes of importance were as follows: <u>Jaundice</u> Other contributory causes of importance: <u>33a</u> Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>P. Newcomb</u> , M. D. (Address) <u>New Bloomfield Mo</u>	
Date of onset <u>About 3 days</u>	

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-8-44

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.....
Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Ray A. Holt
Licensed Embalmer No. 2605
P. O. Address New Bloomfield, 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, above space should be left blank.