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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14637

Registration District No. 120

Primary Registration District No. 5446

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural-Cooper 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 _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Stephen Alfred Scott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 26 - 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John S. Scott

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

14. Maiden name Unknown Polly Cozine

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

16. (a) Informant Byron Scott

(b) Address Darlington Mo.

17. (a) Burial (b) Date thereof April 12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grable Cemetery

18. (a) Signature of funeral director Robert Bunker

(b) Address 4-14-1944 (c) James M. Debetz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from viewed today after death that I last saw him in alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to Indue. Myocardial infarction
Other conditions gross fire
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jack D. Barnes Date signed 4/9/44
Address Rural Co. Mo.

Address _____ Date signed _____
Rural Co. Coroner

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

MOTHER FATHER

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 me

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

Signed William Bush
Licensed Embalmer No. 3329
P. O. Address Albany Tenn

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.

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