

No. 2
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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUN 12 1944
 Registration District No. 158

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18385
 State File No.
 Registrar's No. 265

Primary Registration District No. 2001

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin Twn, Route 4
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St Johns Hosp;
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hours
(Specify whether
 In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage Mo; Route 4
(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. No

3. (a) PRINT FULL NAME Benjamin L. Scott
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May 1919 day 19 1944.
 year 7-00 hour P.M. minute M.

4. Sex male (1) 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife.....
 (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from
did not see him alive
 that I last saw him alive on..... 19.....
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 1864
(Month) (Day) (Year)

Immediate cause of death:
Chronic Cardiac Disease
 Due to.....
 Due to.....

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

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
13/12
 Of operations.....
 Of autopsy.....

9. Birthplace Pettus Co., Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation retired Farmer

11. Industry or business.....
 12. Name Allen Scott
 13. Birthplace Tenn;
(City, town, or county) (State or foreign country)
 14. Maiden name Sarilda Bender
 15. Birthplace no record
(City, town, or county) (State or foreign country)

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) (Means of injury)

16. (a) Informant William Patrick
 (b) Address Carthage Mo; R. 4
 17. (a) Burial (b) Date thereof 5-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stone Cemetery
 18. (a) Signature of funeral director Hurlbut Und. Co;
 (b) Address Joplin Mo;
 19. (a) 5-20-44 (b) Arthur Sudhalter
(Date received local registrar) (Registrar's signature)

23. Signature Ph. Hepler (M. D. or other)
 Address Carthage Mo Date May 30

44-5-426

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.....

Jerry K. Huelber

Licensed Embalmer No.....

959

P. O. Address.....

Josephine Hill

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.