V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24723

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 606

29
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1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 713 N. Rogers
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2 6
(If outside city or town limits, write "RURAL")
(d) Street No. 713 N. Rogers
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin Andy Scott
3. (b) If veteran, name war No
3. (c) Social Security No. Unk.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nannie Scott
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February (Month) 13 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	7	hr. min.

9. Birthplace Louisiana (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Street Department of
11. Industry or business City of Springfield, Mo.
MOTHER FATHER
12. Name William N. Scott
13. Birthplace unk. (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Edna D. Wilcoxen
15. Birthplace unk. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Wilma West
(b) Address 1831 East Central, Spgd. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director W. L. Dunn
(b) Address Springfield, Mo.
19. (a) 7-21-44 (Date received local registrar) (b) O. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th. year 1944 hour 5 minute 45 P. M.
21. I hereby certify that I attended the deceased from 1-15 1943 to 7/20 1944 that I last saw him alive on 7/20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension with arteriosclerosis and coronary disease.	

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

23. Signature W. T. Walsh (M. D. or other)
Address Springfield Mo Date signed 7/21/44

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(Licensed Embalmer's Statement on Reverse Side)

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 C. D. McCracken

Licensed Embalmer No. 28-91

P. O. Address.....

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.