

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 18 1944

Primary Registration District No. 5291

Registrar's No. 111

1. PLACE OF DEATH:

(a) County CLAY

(b) City or town LIBERTY MISS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1007 Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5  
(Specify whether years, months or days)

In this community 1 yr  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CLAY 64

(c) City or town HAMILTON 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 4

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no 1

3. (a) PRINT FULL NAME Wm AARON Scott

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1944 hour 5 minute 45 P.M.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 26 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 1 1942 to Nov 29 1944  
that I last saw him alive on Nov 29 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 1 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute Regurgitation  
Mitral Stenosis  
Due to General Arteriosclerosis

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

10. Usual occupation computer

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 92a

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name David S. Scott

13. Birthplace Miss Ind 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Catherine Messner

15. Birthplace Miss Pa 1  
(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? \_\_\_\_\_

16. (a) Informant Jack Thomsen Sept. Nov

(b) Address Liberty Miss

17. (a) removed (b) Date thereof 11/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HAMILTON MO

18. (a) Signature of informant Jessamine Hill Funeral Home

(b) Address Liberty MO

19. (a) 11-30-44 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Burton Mally (M. D. or other) MD

Address Liberty MO Date signed 30-11-44

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

DEC 18 1947

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-12-47

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 \_\_\_\_\_

*Self*

Registered Apprentice No. 2896

working under my personal supervision.

Signed Victor E. Imminger

Licensed Embalmer No. 2896

P. O. Address Liberty, 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.