

FILED JAN 9 1945
Registration District No. **1774**

Primary Registration District No. **4733**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **Arcadia**
(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) **1**
(d) Length of stay: In hospital or institution **seven years** (Specify whether years, months or days)
In this community **seven years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron 47**
(c) City or town **Arcadia** (If outside city or town limits, write "RURAL") **0**
(d) Street No. (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1944** hour **4** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Dec. 18th**
1944 to **Dec. 23rd 1944**
that I last saw her alive on **Dec. 23rd 1944**
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME **Lusettie Scott**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **George Scott** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **October 27 1868**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **26**
If less than one day hr. min.

9. Birthplace **Scott Co. Ind**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **John Stroble**

13. Birthplace **Penna.**
(City, town, or county) (State or foreign country)

14. Maiden name **Luticia Shue**

15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C.C. Van Hall**

(b) Address **Arcadia Mo.**

17. (a) **burial** (b) Date thereof **12-26-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arcadia Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **Ironton Mo.**

19. (a) **Jan 2, 1945** (b) **Mrs. Francis E. Howard**
(Date received local registrar) (Registrar's signature)

Immediate cause of death **acute bi-lateral bronchial pneumonia**
Due to **acute naso-pharyngitis + sinusitis**
Due to **12/18/44**
12/1/44

Other conditions **Sensitivity**
(Include pregnancy within 3 months of death)

Major findings: Of operations **107**
Of autopsy

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) (c) Means of injury
23. Signature **R. E. Harland** (M. D. or other)
Address **Ironton, Mo.** Date signed **12/27/44**

Duration **12/18/44**
12/1/44
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

7000

1365

RECEIVED

District Health Officer No. 4
District File Number 145-41
Date Filed 1-8-45

JAN 26 1945

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 Rueley White

Licensed Embalmer No. 3012

P. O. Address Trouton Ave

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.