

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Hulton

(c) Name of hospital or institution State Hospital No. 1 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 m 9 d (Specify whether years, months or days)

In this community 1 m 9 d

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 14

(c) City or town Waynesville 1

(If outside city or town limits, write "RURAL") 2

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin F. Scott

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1944 hour 4-55 minute P. M.

21. I hereby certify that I attended the deceased from 12-20-1944 to 12-26-1944

that I last saw him alive on 12-26-1944 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Ethel Branson Scott

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

7. Birth date of deceased: Feb (Month) 5 (Day) 1892 (Year)

Immediate cause of death \_\_\_\_\_

Myocarditis

Due to atherosclerosis

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

Other conditions (include pregnancy within 3 months of death) (A) (B)

| 8. AGE: | Years     | Months    | Days      | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
|         | <u>72</u> | <u>10</u> | <u>21</u> | hr. _____ min. _____ |

9. Birthplace Pulaski County Mo 11

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name George S. Scott

13. Birthplace Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Bennett

15. Birthplace Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof Dec 27 44

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon mo

18. (a) Signature of funeral director Wallace Turner Home

(b) Address Hulton mo

19. (a) 2-27-1944 (b) Jose Morishoff

(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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 0

23. Signature George S. Scott (M. D. or other) MD

Address Hulton Mo Date signed 12/26/44

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

114  
1  
2

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 1-19-45

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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 Denzil C. Browning

Licensed Embalmer No. 2724

P.O. Address Fulton 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.