

FILED JAN 16 1945

Registration District No. 3025

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains

(c) Name of hospital or institution:
South Hill Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 49 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains, Missouri
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Ida Artie Scott

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 8 year 1944 hour 3 minute 50P M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Chris C. Scott

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 17
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/10, 1944, to 10/6, 1944, that I last saw h. ev alive on 10/6, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months Days If less than one day hr. min.

Immediate cause of death Cerebral Atrophy

9. Birthplace Mtn. Home, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) H 8 25

MOTHER FATHER

11. Industry or business

12. Name Henry Clemmons

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

14. Maiden name Griffin Carroll

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Scott

(b) Address West Plains, Missouri

17. (a) B (b) Date thereof 10-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion at S. Fork

Major findings:
Of operations

Of autopsy

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Missouri

19. (a) 12/10-44 (b) Jail Nailor
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) (e) Means of injury 9

23. Signature Maurel Thompson (M. D. or other) M.D.
Address West Plains, Mo. Date signed 10/19/44

Duration 301
494

PHYSICIAN
Underline the cause to which death should be charged statistically.

1125

RECEIVED

District Health Officer, No. 3,
District File Number 145-15-
Date Filed 1-13-45-

NOV 14 1944

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 J. A. Roberts
Licensed Embalmer No. 3430
P. O. Address West Plains, 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.