

**FILED JUN 13 1945**

Registration District No. **24**

Primary Registration District No. **80465796**

Registrar's No. **246**

1. PLACE OF DEATH:

(a) County **Monteau County**  
(b) City or town **California Mo Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6 mi. N.E. of California**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monteau**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Six miles N.E. of California Mo**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **THOMAS LAFFYETT SCOTT**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **MS** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **Single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased **Mar 5 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 2 2** hr. min.

9. Birthplace **Monteau Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **Jack Scott**

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

14. Maiden name **Margaret Jane Williams**

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

16. (a) Informant **Mrs Wael Johnson**  
(b) Address **California Mo**

17. (a) **Rural** (b) Date thereof **5-9-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Saline Baptist Ch.**

18. (a) Signature of funeral director **William F. Friedman**  
(b) Address **California Mo**

19. (a) **5-8-45** (b) **W. J. Allen**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7**  
year **1945** hour **3** minute **A** M.  
21. I hereby certify that I attended the deceased from **June 1942**, to **July 7 1945**  
and that death occurred on the date and hour stated above.  
that I last saw h. alive on **May 6 1945**

Immediate cause of death..... **Chronic myocarditis**  
Due to **Generalized arteriosclerosis**  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Duration **2 years**  
**5 years**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....  
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) (e) Means of injury.....  
23. Signature **Raymond Latham** (M. D. or other)  
Address **California, Mo.** Date signed **5-7-45**

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

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 6-12-45

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 Hugh E. Sullivan

Licensed Embalmer No. 3537

P. O. Address California 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.