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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41515
Registrar's No. 235

Registration District No. 157 Primary Registration District No. 3028

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Convalescence Home, 316 Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days) 4

3. (a) PRINT FULL NAME Frances SCOTT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased About 1850
(Month) (Day) (Year)

8. AGE: Years 95 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation School Teacher (Retd)

11. Industry or business _____
12. Name Wm. M. Coughenour
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name SCOTT
15. Birthplace Unobtainable
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Coughenour
(b) Address Pittsburg, Kansas

17. (a) Burial (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waco, Mo. Cem.

18. (a) Signature of funeral director W. E. Swarth
(b) Address Pittsburg, Kansas

19. (a) 12-27-45 (b) W. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Asbury
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1945 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from Dec 12
12, 1945 to Dec-19, 1945
that I last saw her alive on Dec-19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Total Pneumonia Duration _____

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 108

PHYSICIAN
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 _____

23. Signature E. G. Covert (M. D. or other) MD
Address Joplin Mo Date signed 12-27-45

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER,

1458

(Licensed Embalmer's Statement on Reverse Side)

45-2-798

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.....



Missouri Licensed Embalmer No. 1272

P. O. Address Pittsburg, 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.