

FILED FEB 4 1946
Registration District No. 80

Primary Registration District No. 5307

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Brazito, Mo *Morison*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Cole *21*

(c) City or town Russellville Missouri *0*
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location) *0*

(e) Citizen of foreign country?..... (Yes or No) *0*
If yes, name country

3. (a) PRINT FULL NAME Charles Luther Scott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1946 hour 10 minute 30 a.m.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased November 12 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 1 1946 to Jan 11 1946
that I last saw him alive on Jan 3 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>29</u>	hr. min.

Immediate cause of death Chronic Myocarditis with Acute Relation Sudden

Due to.....

Due to.....

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

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death).....

Major findings:
Of operations..... *93d*
Of autopsy.....

11. Industry or business.....

12. Name William Jefferson Scott

13. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Starks

15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Scott - Wife
(b) Address Russellville, Mo

17. (a) Burial (b) Date thereof 1-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enloe Cemetery

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Walter L. Leslie
(b) Address Russellville, Mo.

19. (a) Jan 12 1946 (b) Mrs. Minnie Nittermeyer
(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).....

(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) (Specify type of place)
Means of injury.....

23. Signature Walter L. Leslie (M. D. or other)
Address Russellville Mo. Date signed 1-11-46

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

491

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-2-46

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 Wayne B. Schubert
Wayne B. Schubert

Licensed Embalmer No. 2820
No 3716
P. O. Address Russellville, 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.