

FILED FEB 7 1946

Registration District No. 159

Primary Registration District No. 5591

State File No. ....

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Victoria (Central Mo)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 82 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson  
 (c) City or town Victoria Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3 mi East of Victoria  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EVA FREEMAN SCOTT

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife George J. Scott 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 7 1863  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation at home

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

MOTHER FATHER

12. Name John McKee  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Betty Simpson  
 15. Birthplace Jefferson Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Scott  
 (b) Address Victoria Mo

17. (a) Burial (b) Date thereof Dec 21 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Center Victoria Mo.

18. (a) Signature of funeral director Donnell B. ...

(b) Address Victoria Mo.

19. (a) 1/5/46 (b) Kudler Marsden  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18  
 year 1945 hour 5 minute 09 P.M.

21. I hereby certify that I attended the deceased from July - 15 - 31  
Dec 13 1945 to Dec 18 1945  
 that I last saw her alive on Dec 18 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation of heart  
 Due to about 6 years

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

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no 92%

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) \_\_\_\_\_ (Specify type of injury)

23. Signature Walter ... (M. D. \_\_\_\_\_)  
 Address Dec 20 - 1946 Date signed 12-20-46

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

100508

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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..... *Samuel Balentine*.....

Licensed Embalmer No. *4104*.....

P. O. Address. *Adato 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.**