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DM-5-43  
v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE: 1946  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8338**  
Registrar's No. **12**

Registration District No. **374** Primary Registration District No. **6294**

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

1. PLACE OF DEATH:  
(a) County Worth  
(b) City or town Barrell - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community about 1 month  
years, months or days)

3. (a) PRINT FULL NAME Dema Jane Scott  
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S. O.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased March 7 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
31 10 24 hr. min.

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William Scott  
13. Birthplace Craig Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie A. Gaffney  
15. Birthplace Craig Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Scott  
(b) Address Craig Mo  
17. (a) Burial (b) Date thereof 2-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharp Country near Craig  
18. (a) Signature of funeral director Campbell Funeral Home  
(b) Address Marionville Mo  
19. (a) Feb 6 1946 (b) Letta E. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Holt 44  
(c) City or town Craig ?  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural 3 1/2 miles !  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 4th 2  
year 1946 hour 9 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Jan  
20 1946 to Feb 1 1946  
that I last saw her alive on Jan 31 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Due to Measles  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 35  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
No.  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0  
23. Signature H. M. Wallis (M. D. or other) M.D.  
Address Marionville Mo Date signed 2-2-46

345 (Licensed Embalmer's Statement on Reverse Side)

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

**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 \_\_\_\_\_

*William Campbell*

Licensed Embalmer No. \_\_\_\_\_

*2620*

P. O. Address \_\_\_\_\_

*Maryville 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.**