

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

State File No. **12355**  
Registrar's No. **139**

**FILED** MAY 9 1946

Registration District No. **43** Primary Registration District No. **5140**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Poplar Bluff Rt. 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 **50 years**  
years, months or days)

3. (a) PRINT FULL NAME **John Harvey Scott**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Lora Lee Scott** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 12 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**81 8 1** hr. min.

9. Birthplace **Miffin Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_  
12. Name **Willis Harvey Scott**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **D.R. Scott**  
(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **4/15/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kearbey Chapel**

18. (a) Signature of funeral director **Greer Croy & Fitch**  
(b) Address **Poplar Bluff, Mo.**

19. (a) **5/2/46** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Butler** **12**  
(c) City or town **Poplar Bluff** **0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route # 1** **0**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**  
year **1946** hour **10** minute **10P.** M.  
21. I hereby certify that I attended the deceased from **morning**  
**10** 19**46** to **13** **april** 19**46**  
that I last saw h **im** alive on **12** **april** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis. 1 mo.**  
Due to **Arteriosclerosis**  
**generalized.** **years.**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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?

While at work \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_  
23. Signature **[Signature]** (at D. Registrar)  
Address **Poplar Bluff, Mo.** Date signed **15/2/46**

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

35

84

RECEIVED

District Health Office No. 2,

District File Number 546-595

Date Filed 5-8-46

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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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.