

Registration District No. **280** Primary Registration District No. **4423**

1. PLACE OF DEATH:
 (a) County **Platte**
 (b) City or town **Weston** *Weston*
(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 **no**
(Specify whether years, months or days)

In this community **entire life**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Platte** **83**
 (c) City or town **Weston** **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Jennie Scott**
3. (b) If veteran, name war **XX**
3. (c) Social Security No. **XX**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **22**
 year **1946** hour **5** minute **15** P.M.
21. I hereby certify that I attended the deceased from
Mar 18, 19**46**, to **Mar 22**, 19**46**.
 that I last saw her alive on **Mar 22**, 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **female** **3** **5. Color or race** **negro**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ben Scott**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **August 27, 1877**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage** **10 days**
 Due to **Arteriosclerosis**

8. AGE:	Years	Months	Days	If less than one day
	69	7	20	hr. _____ min. _____

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

9. Birthplace **Weston, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **housewife**

Major findings:
 Of operations _____
 Of autopsy _____
Physician _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name **Issah Williams**
13. Birthplace **Weston, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Susie Reed**
15. Birthplace **Weston, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Scott**
(b) Address **Weston, Missouri**
17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **Mar. 25, 1946**
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Laural Hill Cem.**
18. (a) Signature of funeral director **Vaughn Funeral Home**
(b) Address **Weston**
19. (a) 3-23-46 **(b) Mrs. Ophelia Rollins**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury **2**
23. Signature **R. Rollins** **(M. D. or other)** **P.O.**
Address **Weston** **Date signed** **3/23/46**

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

J

EX-73 NIOS

EX-26 NAT

DISTRICT HEALTH OFFICE
Camden, 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.....

Licensed Embalmer No.....

P. O. Address.....

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.