

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-29-46

DEC 20 1945

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.....

working under my personal supervision.

July - 10 - 1946

Registered Apprentice No.....

Signed

Fred H. Gilbert

Licensed Embalmer No. 2341

P. O. Address. Dixon mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 207

Primary Registration District No. 5758

Registrar's No. 188

1. PLACE OF DEATH:

(a) County Marie
(b) City or town Miller Rural
(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 3 yrs _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Walter 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 wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 11 1886
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 22 (If less than one day) hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name George Scott

13. Birthplace Burkwood (City, town, or county) (State or foreign country)

14. Maiden name Marj Dyer

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Earl Scott

(b) Address Dixon, Mo

17. (a) Burial (b) Date thereof 7-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Reno

18. (a) Signature of funeral director Fred H. Hubert

(b) Address Dixon, Mo

19. (a) 7/19/46 (b) Pauline Lauer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marie
(c) City or town Dixon Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 10 to July 10, 1946
that I last saw him alive on July 10, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

Due to _____
Duration 30 min

Due to Vascular Hypertension
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy gizid
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) (c) Means of injury _____

23. Signature Dorley Gath (M. D. or other) Do

Address Dixon, Mo Date signed 7-15-46

SUPPLEMENTAL

MOTHER FATHER

24285

DEC 20 1946