

FILED SEP 14 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 134

Primary Registration District No. 4208

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Harrison Co., Mo
(b) City or town Cainsville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether)
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41
(c) City or town Cainsville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ no

3. (a) PRINT FULL NAME Hugh H. Scott

3. (b) If veteran, name war no
3. (c) Social Security No. NO

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 5, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation dentist

11. Industry or business _____

MOTHER FATHER { 12. Name C. S. Scott
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bahn
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bronna Scott

(b) Address Cainsville, Mo

17. (a) burial (b) Date thereof Aug. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cainsville

18. (a) Signature of funeral director Neel Moss

(b) Address Princeton, Mo

19. (a) Aug. 20, 46 (b) S. P. Shaw
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1946 hour 4 minute 4 P. M.

21. I hereby certify that I attended the deceased from Aug 17
1946 to Aug 17, 1946;
that I last saw him alive on Aug 17, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism

Due to _____

Due to _____

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

Major findings: Of operations AAA
Of autopsy _____

Duration

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)
(e) Means of injury S

23. Signature J. D. Duff (M. D. or other)

Address Cainsville, Mo Date signed Aug 18, 46

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Roll Moss

Licensed Embalmer No. 2634

P. O. Address Quincy, 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.