

FILED NOV 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34203

State File No. ....

Registration District No. 217

Primary Registration District No. 5786

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Mississippi  
(b) City or town Charleston, Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9 mi. N. E. of Charleston, /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 43 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Tinie Tinney Scott

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elex Scott, Dec'd 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 10, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	2	22	hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Jim Williams

13. Birthplace Not Known Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Scott

(b) Address R#2, Charleston

17. (a) Burial (b) Date thereof Oct. 6, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo. Oak Grove Cemetery.

18. (a) Signature of funeral director Joe B. Wumeller

(b) Address Charleston, Missouri.

19. (a) 10-30-46 (b) Miss. John B. Wumeller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Charleston, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9 mi. N. E. of Charleston  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd  
year 1946 hour 5:00 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2 June 11, 1946 to Oct 2, 1946  
that I last saw him ER alive on Sept 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Head of Perineum (Primary)  
Due to.....  
Due to.....

Other conditions Ascites 4/66  
(Include pregnancy within 3 months of death)

Major findings: Ca of head of Perineum  
Of operations none  
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?  
(Specify type of place) (e) Meaning of injury.....

While at work.....

23. Signature E. Cheselwong (M. D. or other)  
Address Charleston, Mo. Date signed 10/20/46

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

MOTHER FATHER

RECEIVED  
District Health Office No. 2<sup>12</sup>  
District File Number 1146-1303  
Date Filled 11-7-46

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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.....

*Joe R. Nunnelee*

Licensed Embalmer No. 4413

P. O. Address.....

*Charleston, 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.