

S. No. 2
OM-5-43
v. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1566
State File No.
Registrar's No. 1

FILED JAN 28 1947
Registration District No. 155

Primary Registration District No. 3127

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 N. Webb /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John C. Scott
3. (b) If veteran, name war no data
3. (c) Social Security No.

4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 6 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days -- If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name George W. Scott

13. Birthplace no data 9
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Bates
(City, town, or county) (State or foreign country)

15. Birthplace no data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. Frank Stokes

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 1/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Cemetery

18. (a) Signature of funeral director Hedge-Lewis Funeral Home

(b) Address Webb City, Mo.

19. (a) JAN 7 47 (b) J. L. Inglett M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 401 N. Webb (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 6
year 1947 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Jan 1
19 47 to Jan 6 19 47
that I last saw him alive on Jan 5 19 47
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis Duration 3 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94A
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) (e) Means of injury
23. Signature M. L. Lauce (M. D. or)
Address Cartersville, Mo. Date signed 1-9-47

47-1-14

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..... *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address..... *Wab. Rly. 140*

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.