

**FILED APR 18 1947**

Registration District No. **178**

Primary Registration District No. **42815659**

Registrar's No. **42**

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

1. PLACE OF DEATH:

(a) County **Lewis Rural Canton**  
(b) City or town  
(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... **In transit**  
years, months or days

3. (a) PRINT FULL NAME **Cornelius B. Scott**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **479-20-3531**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maxine E. Dawson** 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **April 8, 1923**  
(Month) (Day) (Year)

8. AGE: Years **23** Months **11** Days **29** If less than one day hr. min.

9. Birthplace **Keokuk Lee Co Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**  
11. Industry or business **Private family**

MOTHER FATHER { 12. Name **Beverly Scott**  
13. Birthplace **Louisiana Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Bertrude L Cook**  
15. Birthplace **Bethel Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Beverly Scott**  
(b) Address **Keokuk, Iowa**

17. (a) **Burial** (b) Date thereof **4/10/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Keokuk Iowa Central**

18. (a) Signature of funeral director **Robt. P. Guastalla**  
(b) Address **Keokuk Iowa #3656**

19. (a) **4/12/47** (b) **P. W. Jennings MD**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Iowa** (b) County **Lee** **911**

(c) City or town **Keokuk**  
(If outside city or town limits, write "RURAL") **13**

(d) Street No. **1928 Franklin St.**  
(If rural, give location) **0**

(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**  
year **1947** hour **2** minute **45** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death  
**We the Jury find that Cornelius B. Scott, Chauffeur, died due to his death by the careless driving of the deceased.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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: **56**

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence **April 7, 1947**

(c) Where did injury occur? **Lewis Co Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**On highway at near Canton, Mo**

While at work? **No** (Specify type of place) (e) Means of injury **Proton truck**

23. Signature **Carl H. Buckley** (M.D. or other) **3**

Address **Canton, Mo** Date signed **4/8/47**

SEP 25 1947

JUL 29 1947

APR 27 1947

MAY 13 1947

RECEIVED  
District Health Officer No. 10  
District File Number 447-667  
Filed APR 17 1947

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 \_\_\_\_\_

*Robt. P. Graves*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Robt. P. Graves*

Licensed Embalmer No. *3656*

P. O. Address *Norfolk, Va.*

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, above space should be left blank.