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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21626**  
Registrar's No. **236**

Registration District No. **209**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Residence 122 A. North Seventh Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Edgar Thomas Scott**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Mae**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 12, 1867**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>79</b>	<b>9</b>	<b>3</b>	hr. _____ min. _____

9. Birthplace **Marion County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **XX**

12. Name **Thomas Scott**

13. Birthplace **Homer Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Snyder**

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

16. (a) Informant **Mrs. George Loudermilk**

(b) Address **122a North Seventh Hannibal Mo.**

17. (a) **Burial** (b) Date thereof **6/17/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood, Palmyra**

18. (a) Signature of funeral director **H. C. Crawford**

(b) Address **902 Broadway Hannibal Missouri**

19. (a) **6-16-47** (b) **Dr. E. M. Lucke**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

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

(d) Street No. **122 A. North Seventh**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** year **1947** hour **8** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **June 15** to **June 15** 19**47**  
that I last saw him alive on **June 15** and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart Failure**

Due to **Arterio-sclerotic Heart Disease**

Due to **Coronary Arteriosclerosis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(c) 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 **J. B. Norton** (M. D. or other) \_\_\_\_\_

Address **Hannibal Mo** Date signed **6-16-47**

Duration **8 Mo**

**5-7**

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*W. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address. Hannibal Missouri

**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.**