

No. 2
-1/47
5-17-39

28128

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

FILED AUG 29 1947
Registration District No. 256

Primary Registration District No. 2001

Registrar's No.

49
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
206 N. Byers
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 206 N. Byers
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Howard Leon Scott

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1947 hour 11 minute P M.

4. Sex male female 5. Color or race white

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

6. (b) Name of husband or wife Stella

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: June - 28 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-30, 1947, to 8-3, 1947, that I last saw him alive on 8-3-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy

Due to: Hypertension, Chlbin arteriosclerosis

Due to: Chronic myocarditis

Duration: 24

8. AGE: Years 69 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

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

Major findings: Of operations: (Signature) [Signature]

Of autopsy:

PHYSICIAN: Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business: retired

12. Name: J.A.M. Scott

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name:

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

16. (a) Informant: Gerald L. Scott
(b) Address: 905 Jackson Ave

17. (a) Burial (b) Date thereon: Aug 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cemetery, Thornhill-Dillon Mort

18. (a) Signature of funeral director: Joplin, Missouri
(b) Address:

19. (a) 8-4-47 (b) Solous Lamkins, D.P.
(Date received local registrar) (Registrar's signature)

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)

While at work? (Specify means of injury)

Signature: [Signature] (M. D. or other)

Address: Joplin, Mo Date signed: 8-4-47

Dr V.E. Jeans

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

47-8-690

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 _____

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.