. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1947

Registration District No. 265

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31998

Primary Registration District No. 5896

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Ozark

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

(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark 77

(c) City or town Noble, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Maggie L. Scott

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife J. W. Scott

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

7. Birth date of deceased November 24, 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	10	1	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Beecher, /
13. Birthplace Hill Buris, Ohio (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name Dura Bell Robertson
15. Birthplace St. Louis, Missouri 0 (City, town, or county) ..... (State or foreign country)

16. (a) Informant Don Watson
(b) Address Noble, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Herndon.

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) Oct 6 1947 (Date received local registrar) (b) May Johnson (Registrar's signature) 2/3

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 25
year 1947 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sept 20, 1947, to Sept 25, 1947; that I last saw her alive on Sept 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	
Due to Carcinoma of large bowel	2 yr
Due to	
Other conditions 46E (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cancer of large bowel
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)
While at work? ..... (e) Means of injury .....

23. Signature M J Hoerman (M. D. or other) DD
Address Gainesville, Mo. Date signed 9/27/47

(Licensed Embalmer's Statement on Reverse Side)

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. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ona 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.