

FILED OCT 11 1947
 377

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2077

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town Olivette
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
14 Enfield
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Olivette
 (If outside city or town limits, write "RURAL")
 (d) Street No. 14 Enfield
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY BELLE SCOTT
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George M. Scott
 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased Sept 2 1864
 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 4
 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas K. Smith
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Louisa Allen
 15. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Bonnie Scott Reece
 (b) Address 14 Enfield

17. (a) Burial (b) Date thereof Oct. 7, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Whitesville Mo.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) 10-7-47 (b) Carl A. Johnson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6
 year 1947 hour 4 minute 30 A.M.
 21. I hereby certify that I attended the deceased from June 4-7
 _____, 19____, to Oct 6, 1947
 that I last saw h. alive on Oct 3rd 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
 Duration 2 hrs

Due to _____
2000
 Due to _____

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

Major findings:
 Of operations _____
 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)
 (c) Means of injury _____
 Signature Feed Kramer (M. D. or other) M.D.
 Address 6347 Grand Date signed 10-6-47

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

SEP 23 1949

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 *John S. Kennedy*
Licensed Embalmer No. *4194 J*

P. O. Address.....

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.