. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37077

FILED DEC 13 1947

Registration District No. ..... Primary Registration District No. 4045 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Ashland
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Ashland
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sallie P Scott
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Owen T Scott
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased May (Month) 17 (Day) 1879 (Year)

8. AGE: Years 68 Months 6 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name John Nichols
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Martha Jones
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)
16. (a) Informant J. F. Scott
(b) Address Mt Vernon Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem
18. (a) Signature of funeral director W C Burnett
(b) Address Ashland Mo.
19. (a) 11-22-47 (Date received local registrar) (b) Mrs Mildred Burnett (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1947 hour 12 minute 30 A M.
21. I hereby certify that I attended the deceased from Nov 20, 1947 to Nov 20, 1947 that I last saw her alive on Nov 20, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations c/4A	
Of autopsy	

PHYSICIAN
Underline the cause of 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 H. B. Pryor (M. D. or other)
Address Ashland Mo. Date signed 11-22-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
DEC 24 1947

District File Number
Date Filed 12-13-42

JUL 17 1956

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 Wm. O. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, 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.