S. 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

FILED DEC 15 1947

Registration District No. 76

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4064

State File No. 37259

Registrar's No.

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Kidder
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: XX (Specify whether
In this community: 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Caldwell 13
(c) City or town: Nettleton 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Terresa Scott
3. (b) If veteran, name war: XXX
3. (c) Social Security No.: XXX
4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: A. D. Scott
6. (c) Age of husband or wife if alive: XXX years
7. Birth date of deceased: July (Month) 9th (Day), 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
86	4	16	XX hr. XX min.

9. Birthplace: (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Peter Jones
13. Birthplace: (City, town, or county) Ireland (State or foreign country) 4
14. Maiden name: Margret Hoyle
15. Birthplace: (City, town, or county) Ireland (State or foreign country) 4
16. (a) Informant: John Scott
(b) Address: Hamilton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem. Hamilton, Mo.
18. (a) Signature of funeral director: Bram Funeral Home
(b) Address: Hamilton, Mo.
19. (a) Nov. 27, 1947 (Date received local registrar) (b) Gladys Jones (Registrar's signature) 273

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th.
year 1947 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 19 47, to Nov 25th 19 47; that I last saw her alive on Nov 25th 19 47; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility.	
Due to:	
Due to:	
Other conditions: Senile Dementia. (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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: 0
23. Signature: Fred K Wilson (M. D. or other)
Address: Winston Mo. Date signed Nov 28/47

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. Lester Brom, Registered Apprentice No. 456, working under my personal supervision.

Signed R. L. Brom

Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.