

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44221**
Registrar's No. **5**

Registration District No. **98** Primary Registration District No. **5-371**

1. PLACE OF DEATH:
(a) County **W. Virginia**
(b) City or town **Hillman City, Mineral, West Virginia**
(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 **78-8-5** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **W. Virginia**
(c) City or town **Hillman City, Mineral**
(If outside city or town limits, write "RURAL")
(d) Street No. **Washington Supl.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GRANT SCOTT**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **4**
year **1947** hour **7** minute **30** A.M.
21. I hereby certify that I attended the deceased from **Dec - 2**
19**47**, to **Dec - 4**, 19**47**
that I last saw him alive on **Dec - 4**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **male** (1) 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rosa B. Scott**
6. (c) Age of husband or wife if alive **32** years
7. Birth date of deceased **maid 25 1889**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**
Duration **3 da.**

8. AGE: Years Months Days If less than one day
38 8 8 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **Hillman City, Mineral, W. Virginia**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **Alexander Scott**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Scott**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Dave Scott**
(b) Address **Jamesport MO**
17. (a) **burial** (b) Date thereof **Dec 6 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Scotts Cemetery**
18. (a) Signature of funeral director **G. D. James**
(b) Address **Hillman City MO**
19. (a) **12 Jan 1948** (b) **Virginia M. Engelhart**
(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) _____ (e) Means of injury **2**
While at work? _____
23. Signature **J. C. WALKER** (M.D. or other) **DO**
Address **Hillman City MO** Date signed **12-6-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

APR 8 1958

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.....

W.D. Haines

....., Registered Apprentice No.....

working under my personal supervision.

Signed *W.D. Haines*

Licensed Embalmer No. *842*

P. O. Address *Silverton, 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.