No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 162

FILED JAN 24 1948

Registration District No. .....

Primary Registration District No. 5118

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Hi. 40 Missouri Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(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 M.o. (b) County Jackson Co. 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 509 Benton St. 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME JAMES VERNON SCOTT

3. (b) If veteran, name war World war II

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Frances Huff Scott

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

7. Birth date of deceased 2 (Month) 22 (Day) 1919 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	10	26	..... hr. ..... min.

9. Birthplace Troy (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Truck Driver

11. Industry or business .....

FATHER
12. Name Timothy Scott
13. Birthplace Lincoln Co. (City, town, or county) Mo. (State or foreign country) O

MOTHER
14. Maiden name Edna Lee Cox
15. Birthplace Lincoln Co. (City, town, or county) Mo. (State or foreign country) O

16. (a) Informant Edna Lee Presley
(b) Address 2918 Geyer St. St. Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 (Month) 18 (Day) 1948 (Year)

(c) Place: burial or cremation Old Alexandria Cem.

18. (a) Signature of funeral director Parker Funeral Service
(b) Address 18 N 10th Columbia, Mo.

19. (a) 1-20-48 (Date received local registrar) (b) Mrs. R. B. Chinn (Registrar's signature) 348

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1948 hour About 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from ..... 1 ....., 19..... to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Burns & fractures	
Due to	
Due to Truck wreck & fire	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

170 c-8
18

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) Accident 10

(b) Date of occurrence Jan 18-1948

(c) Where did injury occur? ..... (City or town) Boone (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature Edward Coroner (M. D. or other) 3

Address Columbia Mo Date signed 1/18/48

Non-Collision

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/23/48

JAN 30 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.