S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 247

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4329

State File No. 5539

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Wyatt.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No street address.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Mississippi
(c) City or town: Wyatt, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Aultha Malissa Scoggins
3. (b) If veteran, name war: No.
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: James S. Scoggins
6. (c) Age of husband or wife if alive: 87 years
7. Birth date of deceased: May (Month) 22, (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	8	28	hr. min.

9. Birthplace: Graves County, (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: None

FATHER
12. Name: John B. Watson
13. Birthplace: Graves County, (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Mottie Suit
15. Birthplace: Kentuckky (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. J. S. Scoggins
(b) Address: Wyatt, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-21-48 (Month) (Day) (Year)
I.O.O.F. Cemetery
(c) Place: burial or cremation: Charleston, Missouri
18. (a) Signature of funeral director: Edward L. Nunnelee
(b) Address: Charleston, Missouri.
19. (a) 2-17-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 th year 1948 hour 12:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1948, to Jan 20, 1948, that I last saw her alive on Jan 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy	10 days
Due to: Hypertension	3 yrs
Due to:	
Other conditions (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

23. Signature: [illegible] (M.D. or other)
Address: Wyatt, Mo. Date signed: 1-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 241-255
Date Filed 2-25-48

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 Edward E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Chariton, 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.