FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948
Registration District No. 3224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7488

Primary Registration District No. 3072

Registrar's No. 37

1. PLACE OF DEATH
(a) County Salinie
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 515 E Jackson
(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) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Salinie 97
(c) City or town Marshall (If outside city or town limits, write "RURAL") 1
(d) Street No. 515 E Jackson (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LaFayette Scott
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Ivey Scott 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace Cole Jamestown Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpenter

MOTHER / FATHER

12. Name Steven Scott 9

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Sarah Scott 9

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Ivey Scott
(b) Address Marshall, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo

18. (c) Signature of funeral director
(b) Address Marshall, Mo.

19. (a) 2-11-48 (Date received local registrar) (b) Sidney J Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
48 year 11 hour minute A M.

21. I hereby certify that I attended the deceased from Nov. 14 1947 to Feb 3 1948
that I last saw him alive on Feb 2nd 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Adenocarcinoma	Don't Know
Due to Don't Know.	
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 W. Hyndman (M. D. or other)
Address Marshall, Mo. Date signed 2-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-3-48

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 George N Lee

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.