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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11254

State File No.

Registration District No. 306

Primary Registration District No. 6209

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Piney
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Texas County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALPHA HARRY SCOTT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Verna

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

7. Birth date of deceased Feb (Month) 26 (Day) 1903 (Year)

8. AGE: Years 45 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Lenox (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant None

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/6/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lenox, Iowa

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool Mo

19. (a) March 7-48 (Date received local registrar) (b) Myrtle Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 2 minute 45 A.M.

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

Immediate cause of death Unknown

Due to Chronic muscular contracts of long duration

Due to

Other conditions (Include pregnancy within 3 months of death) 15

Major findings:
Of operations

Of autopsy

Duration

B

PHYSICIAN

Underline the cause to 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 3

23. Signature J. R. Wormack (M. D. or other) Coroner

Address Houston Mo Date signed 3-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District [illegible] [illegible]eer No. 5,
District File [illegible] 34 8217
Date Filed 3-20-48

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.