

FILED APR 26 1948

Registration District No. 223

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4436

State File No. 13688
Registrar's No. 4

1. PLACE OF DEATH:

(a) County. Ralls
(b) City or town. New London
(If outside city or town limits, write "RURAL" and name of township)
(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. entire life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY ALICE SCOTT

3. (b) If veteran, - 3. (c) Social Security No. ----
name war. ----

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife. George Scott 6. (c) Age of husband or wife if alive. - years
7. Birth date of deceased. December 30 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 4 hr. min.

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

10. Usual occupation. housewife

11. Industry or business. ----
12. Name. H. C. Fuqua
13. Birthplace. Ralls county Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Susan Schultz
15. Birthplace. unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. James R. Scott
(b) Address. New London, Missouri
burial (c) Place: burial or cremation. Barkley Cemetery
(Burial, cremation, or removal) (Month) (Day) (Year)
17. (a) 4/6/48 (b) Date thereof. 4/6/48
(c) Signature of funeral director. Roy P. Schwartz
(d) Address. 1000 Broadway, Hannibal, Mo.

19. (a) apr 13 48 (b) H. J. Nails
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County. Ralls
(c) City or town. New London
(If outside city or town limits, write "RURAL")
(d) Street No. ---- (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 9 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 3 - 1948
Feb 3 1948 to April 4 1948
that I last saw her alive on April 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial Infarction
per-acute
coronary
Due to Age and Hy per-
tension
Due to Arteriosclerosis

Other conditions. Arteriosclerosis
(Include pregnancy within 3 months of death)

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

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? ----
While at work? ---- (e) Means of injury ----

23. Signature Thos R. Moore (M. D. or other) ----
Address New London Date signed 4-8-48

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

RECEIVED
District Health Officer No. 10
District File Number 448-742
Date Filed APR 23 1948

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

Paul Richard Brown

Licensed Embalmer No.

4324

P. O. Address

Humboldt, 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.