

FILED MAY 24 1948
Registration District No. 398

Primary Registration District No. 4552

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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: Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Mountain Grove (R.R. # 6)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Verla Marie Scott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from viewed body to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Afton Scott 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 18 1907
(Month) (Day) (Year)

Immediate cause of death Died from gunshot wound through heart from 32 caliber winchester rifle in hands of Afton Scott
Due to:

8. AGE: Years Months Days If less than one day
40 91 11 hr. min

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

10. Usual occupation Housewife

11. Industry or business:

12. Name James R. Raney

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

14. Maiden name Mary Duke

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

16. (a) Informant Mary Raney

(b) Address Mountain Grove, Missouri

17. (a) burial (b) Date thereof 4/2/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mtn. Valley Cemetery

18. (a) Signature of funeral director George Steff

(b) Address Mountain Grove, Missouri

19. (a) 5-4-46 (b) a. b. am
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations:
Of autopsy: 166

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) Murder

(b) Date of occurrence March 29, 1948

(c) Where did injury occur? Mtn. Grove - Wright - Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home of Mother

While at work? no (Specify type of place) Gunshot wound
(e) Means of injury

23. Signature George Steff (City or other) Wright

Address Mtn. Grove, MO Date signed 3/30/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6;
District File Number 548-612
Date Filed MAY 20 1948

MAR 14 1957

SEP 18 1954
SEP 13 1954

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 Stapp

Licensed Embalmer No. 3167

P. O. Address Mr. George Stapp

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.