

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20158**

FILED JUL 14 1948

Registrar's No. **209**

Registration District No. **299**

Primary Registration District No. **3043**

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Elizabeth Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Just admitted
(Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion **64**
 (c) City or town Hannibal **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1908 Hope Street **4**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Dewey Scott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
 year 1948 hour 4 minute 30 P. M.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Opal Scott 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased May 30, 1898
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>1</u>	<u>4</u>	_____ hr. _____ min.

Due to _____
 Due to _____

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

10. Usual occupation Proprietor

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

11. Industry or business Scottie's Tavern

12. Name James Monroe Scott

Major findings: 30
 Of operations _____

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

14. Maiden name Abbie Campbell

Of autopsy _____

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

16. (a) Informant Mrs. Dewey Scott

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Natural Cause

(b) Address 1908 Hope Street Hannibal

(b) Date of occurrence 7/4/1948

17. (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Grandview Burial Park

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

18. (a) Signature of funeral director Dr. Crawford Smith

While at work? _____ (e) Means of injury crow

(b) Address 902 Broadway Hannibal Missouri

23. Signature James D. Donnell M. D. or other _____

19. (a) 7-6-48 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

Address Hannibal Mo. Date signed _____

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

MOTHER FATHER

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 _____

John J. Ward Registered Apprentice No. *75*
working under my personal supervision.

Signed _____

W. Crawford Smith

Licensed Embalmer No. *3814*

P. O. Address *Hannibal Missouri*

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.