

FILED AUG 16 1948

State File No. \_\_\_\_\_

Registration District No. 356

Primary Registration District No. 6208

Registrar's No. 94

1. PLACE OF DEATH:

(a) County TEXAS  
(b) City or town RURAL OZARK  
(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 \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days 1 YR

3. (a) PRINT FULL NAME JAMES MEADOWS SCOTT

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife EGLANTINE SCOTT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 5 1858  
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HARRY SMITH

(b) Address HOUSTON MO

17. (a) BURIAL (b) Date thereof 8-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK

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

(b) Address HOUSTON MO

19. (a) Aug. 6-48 (b) Myrtle Craig  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS <sup>107</sup>

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

(d) Street No. 7 MI. E. HOUSTON  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 3  
year 1948 hour 8 minute 55 AM.

21. I hereby certify that I attended the deceased from 24-4- 1940 to 8-3- 1948  
that I last saw him alive on 8-3- 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 36 Hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 940

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

23. Signature H. P. Roy (M. D. or other) D. O.

Address HOUSTON, MO. Date signed 8-4-48

MOTHER FATHER

RECEIVED 8-11-48  
District Health Officer No. 5,  
8-13-48  
District File Number 848513  
Date Filed

STATE HEALTH DEPARTMENT  
HOUSTON, TEXAS  
AUG 11 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 Frank E. Hood  
Licensed Embalmer No. 4026  
R. O. Address Houston, Tex

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.