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

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27232**

**WILSON** 1948  
Registration District No. **272**

Primary Registration District No. **6908**

Registrar's No. **194**

**1. PLACE OF DEATH:**

(a) County Boonville

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

(c) Name of hospital or institution:  
Holland Hosp. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Carylon Fay Scott

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F / 5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased. Aug 12 1948  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>10</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation none

11. Industry or business -

MOTHER FATHER

12. Name Acie Scott

13. Birthplace Holland Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Rona Jackson

15. Birthplace Holland Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Acie Scott

(b) Address Steele Mo Rt 3

17. (a) Burial (b) Date thereof 8-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion

18. (a) Signature of funeral director Berman Street Co.

(b) Address Steele Mo

19. (a) 8-30-48 (b) L. J. Peterson  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boonville

(c) City or town Holland road 70  
(If outside city or town limits, write "RURAL")

(d) Street No. Holland Hosp. 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country -

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month aug day 22  
year 1948 hour 5 minute - 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.

Immediate cause of death Died without medical aid

Due to -

Due to -

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

Major findings: 2000  
Of operations -

Of autopsy -

Duration -

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)

23. Signature L. J. Peterson (b) Means of injury -

Address - Date signed 8/30/48

9-48-233

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**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..... *John H. German*  
Licensed Embalmer No. *355*  
P. O. Address..... *Hyatt, Md*

**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.**