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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 733

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3022

State File No. 32691

Registrar's No. 80

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 (Specify whether years, months or days)
In this community: 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Gentry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Terry Lee Scott
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
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 (Month) 19 (Day) 1948 (Year)

8. AGE: Years | Months: 2 | Days: 0 | If less than one day: hr. min.

9. Birthplace: King City (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at Home
11. Industry or business:
FATHER 12. Name: Harold Scott
13. Birthplace: Gentry Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Edna Madison
15. Birthplace: Harrison Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Harold Scott
(b) Address: Darlington Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: Oct 21 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenview Cemetery
18. (a) Signature of funeral director: Joe E. Wheeler
(b) Address: Bethany Mo
19. (a) Oct. 29-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 19 year: 1948 hour: 9 minute: 30 P.M.
21. I hereby certify that I attended the deceased from: on Oct 19 1948 to Oct 19 1948 that I last saw him alive on: Oct 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to: c	
Due to: c	
Other conditions: c (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 10 d
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: W. F. Broyles (M. D. or other)
Address: Bethany Mo Date signed: 10-21-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH
Concord, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.