No. 2
-1/47
-17-39

2

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 8 1948

Registration District No. 6 9

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35932

Primary Registration District No. 5270

Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Clever "Rural" Lincoln
(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 years, months or days)
In this community: 32 Years

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

3. (a) PRINT FULL NAME: David Stephen Scott
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: M
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lois Dolly Sullivan, Scott
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Feb. (Month) 23 (Day) 1875 (Year)

8. AGE: Years 73 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace: Crane (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....

FATHER
12. Name: Thomas Scott
13. Birthplace: ? (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name: Mary Thomas
15. Birthplace: Barry County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. Mary Ghan
(b) Address: Clever, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-11-'48 (Month) (Day) (Year)
Mt. Carmel
(c) Place: burial or cremation: Clever, Mo.
18. (a) Signature of funeral director: John Dean Harris
(b) Address: Clever, Mo.
19. (a) 11-12-48 (Date received local registrar) (b) Allie Dunn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 1948 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 16, 1941, to Nov. 10, 1948; that I last saw him alive on Nov. 10, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure	3 days
Due to: Diabetes mellitus	20 yrs
Due to: Multiple abscesses & toxemia	3 wks
Other conditions (include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy: 0

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) .....
(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: Charles A. Spears (M. D. or other) MD
Address: Billings, Mo. Date signed: 11-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 12-48-1340
Date Filed 12-6-48

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 Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.