DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42648

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 162

1. PLACE OF DEATH:

(a) County Audrain 2

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

(c) Name of hospital or institution: ----- In home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain

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

(d) Street No. 214 Barberry Lane (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William Howell Scott 3

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 Nell Scott

6. (b) Name of husband or wife Nell Scott 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 26, 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Abstractor

11. Industry or business

FATHER
12. Name J. H. Scott
13. Birthplace Va. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maryla Howell
15. Birthplace Paris, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs A. B. Drescher

(b) Address Hannibal, Mo.

17. (a) Hannibal, Mo. (Burial, cremation, or removal) (b) Date thereof 12/6/39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivette

18. (a) Signature of funeral director Clem Amoldy

(b) Address Mexico, Mo.

19. (a) Dec 6-1939 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day Dec 4 year 1939 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from April, 1939, to Dec 4, 1939; that I last saw him alive on Dec 4, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary oedema	1½ hrs.
Myocarditis, acute	
Due to Apoplexy	8 hrs.
Due to Hypertension,	
Other conditions (Include pregnancy within 3 months of death) 43	

Major findings: Of operations none

Of autopsy no

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) no

(b) Date of occurrence —

(c) Where did injury occur? none (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 H C Brashear (M. D. [redacted])

Address Mexico, Mo Date signed 12/5/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 10
District File No. 1-40-116
Date Filed JAN 9 1940

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 [illegible], Registered Apprentice No. ....., working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3569

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

***If this body is not embalmed, above space should be left blank.**