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

JUN 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18440

Registration District No. 318 Primary Registration District No. 2001. Registrar's No. 464

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Burge Hospital (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

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

(d) Street No. 221 E. Dale (If rural, give location)

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

3. (a) PRINT FULL NAME MILDRED SCOTT 300

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Aug (Month) 20 (Day) 1921 (Year)

8. AGE: Years 18 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business In home

FATHER
12. Name Fred Watson
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Loretta Scott
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Fred Watson
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sanforth Cemetery

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield Mo.

19. (a) May 25, 1940 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1940 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 1940, to May 23, 1940; that I last saw her alive on May 23, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralytic illeus Renal Failure	
Due to Eclampsia Bandy's Contraction Ring	
Due to with Prolonged labor	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Caesarian Section	
Of autopsy	

1490

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 R. Ned White (M. D. or other)

Address Springfield Mo Date signed 5/20

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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