

FILED JUN 20 1940

Registration District No. 287

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
 (b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Street 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No.
(Specify whether
 In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME EMMA F. SCALES 420

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Miner Wm. Scales 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 28, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 { 12. Name Matlock
 { 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown
 { 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mo. O.A.A. Records
 (b) Address West Plains Mo

17. (a) Burial (b) Date thereof May 3 1940
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Co. Howell Twp.

18. (a) Signature of funeral director Paul Thompson
 (b) Address West Plains Mo.

19. (a) 5-7-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
 (c) City or town West Plains
(If outside city or town limits, write "RURAL")
0
 (d) Street No. St. Louis Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1940 hour 10 minute — A. M.

21. I hereby certify that I attended the deceased from 3/5
1940 to 5/2, 1940
 that I last saw her alive on 5/1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 4 day
Cerebral Apoplexy

Due to Cardio Renal

Due to Vascular Disease

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

Major findings:
 Of operations _____ 1/21
 Of autopsy _____
 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?
2111
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Maurice Thompson (M. D. or other) MD
 Address West Plains Mo Date signed 5/7/40

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.

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.

RECEIVED

District Health Officer No. 5

Signed.....

District File Number 6640

Licensed Embalmer No.....

Date Filed 6/6/40

P. O. Address.....

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, above space should be left blank.