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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34683

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Andrain

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 8 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jaurita Scott

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race Colored

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Feb 2 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>8</u>	<u>2</u>	hr. min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business 0

MOTHER FATHER

12. Name Merle Scott

13. Birthplace Andrain County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Lee

15. Birthplace Monroe County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Merle Scott (X)

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof Nov 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director W. Arnold

(b) Address Mexico, Missouri

19. (a) Nov 1-1940 (b) Blauche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrain

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

(d) Street No. S. Western Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 31 day 31
year 1940 hour 6:35 minute _____ A.M.

21. I hereby certify that I attended the deceased from Oct 28, 1940, to Oct 31, 1940;
that I last saw her alive on Oct 30, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Conjunctival debility
menstrues. Duration 2 weeks

Due to _____

Due to _____

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

Major findings: Of operations none

Of autopsy none

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) none

(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?
22 none
(Specify type of place) (e) Means of injury _____

23. Signature Henry F. Orner (M. D. number) _____
Address Mexico, Mo Date signed Nov 40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2089

Date Filed NOV 8 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Chris Amundson

Licensed Embalmer No. 3569

P. O. Address Murice, Ia

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

If this body is not embalmed, fact should be so stated above.