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23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34740

State File No.

NOV 19 1940

Registration District No. 50

Primary Registration District No. 5074

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Bates Mt. Pleasant Twp.

(b) ~~City or town~~ ~~Butler Missouri~~ RFD #3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of ~~hospital or institution~~: 2
(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 Missouri (b) County Bates

(c) City or town Rural, Mt. Pleasant Twp.
(If outside city or town limits, write "RURAL")

0 (d) Street No. RFD #3 Butler Missouri
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Elizabeth Scott

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Thomas Scott

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

7. Birth date of deceased Feb. 3, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	8	15	hr. min.

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation housewife 1

11. Industry or business a

FATHER
12. Name Andrew Jackson Shambers 1
13. Birthplace ~~Ky.~~ Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elmire (unknown)
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.R. Mark
(b) Address Butler Missouri RFD #3

17. (a) burial (b) Date thereof Oct. 20/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Booth Funeral Home
(b) Address Butler Mo

19. (a) Oct 20 1940 (b) Nena L Culver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1940 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Oct 1st ~~40~~, to Oct 18th, 1940
that I last saw her alive on 38 = Oct 17th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Nephritis

Due to

Other conditions 1/21
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
53 (Specify type of place)
While at work? (e) Means of injury

23. Signature R D LaHue (M. D. or other) MD
Address Butler, Mo. Date signed Oct 19-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-40-1611
Date Filed 11-12-40

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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler Mo

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.