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

NOV 19 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35367

Registration District No. 316 Primary Registration District No. 5435 Registrar's No.

1. PLACE OF DEATH:
(a) County Greene Boone Twp
(b) City or town Ash Grove, Mo, R 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural Boone Twsp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Ash Grove R 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Boone Twsp. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Nina May Scott -
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov - (Month) 22 (Day) 1938 (Year)

8. AGE: Years	Months	Days	If less than one day
1	9	19	..... hr. ..... min.

9. Birthplace Ash Grove Mo, R2 Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation child 0
11. Industry or business ✓ 0
FATHER
12. Name Clyde Scott
13. Birthplace Dade County Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name May McCall
15. Birthplace Greene County Mo (City, town, or county) (State or foreign country)
16. (a) Informant Clyde Scott
(b) Address Ash Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant Cemetery
18. (a) Signature of funeral director Gene Brim
(b) Address Walnut Grove Mo
19. (a) ..... (Date received local registrar) (b) Mrs Leonard Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1940 hour 9 minute 50 p M.
21. I hereby certify that I attended the deceased from Past 6 month ....., 19.., to Sept 11th, 1940; that I last saw her alive on Sept 11th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Congestion	2 days
Due to Lymphatic Leukemia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no operation	
Of autopsy no autopsy.	

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)
2 While at work? (e) Means of injury
23. Signature Charles H McHaffie (M. D. ~~[illegible]~~)
Address Ash Grove Mo Date signed 9-12-40

(Licensed Embalmer's Statement on Reverse Side)

Greene County Health Office,

County File Number 40-11-99

Date Filed 11/13/40

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

Signed Geere A. Bm

Licensed Embalmer No. 2664

P. O. Address Walnut Grove. M

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

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