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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38299

Primary Registration District No. 3008

Registrar's No. 299

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos, 2 days (Specify whether

In this community years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

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

(d) Street No. Brennen St. (If rural, give location)

0

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

3. (a) PRINT FULL NAME James Scott

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex male

5. Color or race negro

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

6. (b) Name of husband or wife DK

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

7. Birth date of deceased Jan (Month) 13 (Day) 1868 (Year)

8. AGE: Years 72 Months 10 Days 0 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business 9

FATHER
12. Name Joseph Scott 1
13. Birthplace DK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DK
15. Birthplace Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Jowa Berry (sister)

(b) Address Brennen St, Kinloch park, St Louis Co, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros, St Louis Co

(b) Address Mix & Stanza S. Kinloch.

19. (a) 11/14/40 (Date received local registrar) (b) R. N. Crewe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1940 hour 6 minute 05 A M.

21. I hereby certify that I attended the deceased from Jan 11, 1940, to Nov 13, 1940; that I last saw him alive on Nov 12, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: chronic myocarditis	?
auricular fibrillation	11 week
Due to: generalized arterio-sclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): optic atrophy - bilateral	
Right indirect inguinal hernia	

Major findings:
Of operations
Of 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) no

(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? 106 (Specify type of place)

While at work? (e) Means of injury

23. Signature John J. Blasko MD (M. D. or other) 1

Address Fulton, Mo Date signed

(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, fact should be so stated above.