

No. 2
-13-40
17-39
X23159

FIFTH MAR 11 1941
Registration District No. **40**

Primary Registration District No. **4024**

Registrar's No. **12**

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(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

3. (a) PRINT FULL NAME Philopena Scott
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife John W. Scott 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 26th, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 27 _____ hr. _____ min.

9. Birthplace Magnolia, Ark /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Phillip Teusch
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name ~~XXXXXXXX~~ Mary Fisher
 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Scott
 (b) Address Lamar, MO

17. (a) Burial (b) Date thereof 2-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home
 (b) Address Lamar, MO

19. (a) Feb 25 1941 (b) Mrs Josephine Wyatt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton 6
 (c) City or town Lamar /
(If outside city or town limits, write "RURAL") /
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23rd
 year 1941 hour 6 minutes 50 P.M.
 21. I hereby certify that I attended the deceased from Dec-15
1940 to Feb-23 1941
 that I last saw her alive on Feb 19 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic nephritis and Bronch. Pneumonia
 Due to _____
 Due to chronic nephritis
 Other conditions _____
(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?
Y
 While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature A. E. Duesett (M. D. or other) SM D.
 Address Lamar, MO. Date signed Feb 24 1941

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

RECEIVED

District Health Officer No. 6.

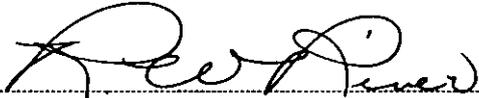
District File Number 341-1385

Date Filed MAR 6 1944

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. 3141

P. O. Address Lamar, Mo.

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, fact should be so stated above.