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23139

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 553

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2810 Angelique
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2810 Angelique
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Russell Louis Scott
(b) If veteran, name was none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24th.
year 1941 hour 1 minute 30 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Feb. 15th. 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/3/41 to 5/24/41, 19____, to 19____;
that I last saw him alive on 5/23/41 and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma of bladder
Duration _____

8. AGE: Years 41 Months 3 Days 9 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

10. Usual occupation Foreman

11. Industry or business Armour & Co.

MOTHER FATHER { 12. Name William Scott
13. Birthplace Hamilton, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Schinogle
15. Birthplace Utica, Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: None as above
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lola Scott

(b) Address 2810 Angelique St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director ELHEMAN & SON INC.

(b) Address 1946 Colthard St. St. Joseph, Mo.

19. (a) May 26, 1941 (b) N. J. Nestle
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Charles Gooden (Specify type of place) _____
While at work (c) Means of injury _____
Address Pa 8th (M. D. or other) _____
Date signed 5/24/41

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

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 _____

Carl W. Hause

Licensed Embalmer No. _____

3955

P. O. Address _____

St. Joseph, 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.