

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28119

State File No. _____

FILED SEP 10 1941 213
Registration District No. _____

Primary Registration District No. 314

Registrar's No. 260

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week
(Specify whether
In this community Life (Specify whether
years, months or days) 0)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Monroe
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY JANE SCOTT

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JUNE 26, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 2 7 hr. _____ min.

9. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business _____

12. Name Vester M. Scott

13. Birthplace Lohman, Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Alma Stockman (City, town, or county) (State or foreign country) 0

15. Birthplace Wardsville, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Vester M. Scott

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director J. F. Hend

(b) Address Jefferson City, Mo.

19. (a) 9-6-41 (Date received local registrar) (b) Norma Richner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3
year 1941 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from August 27, 1941 to Sept. 3, 1941; that I last saw him alive on Sept. 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 8 days

Due to Convalescent from
Tuberculosis 2 mos

Other conditions 9
(Include pregnancy within 3 months of death)

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) _____
(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?

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

23. Signature J. A. Osman (M. D. or other) MD
Address Jefferson City Date signed 9.3.41

874 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Sylvester D. Miller....., Registered Apprentice No. *292*
working under my personal supervision.

Signed *John F. Fenwick*
Licensed Embalmer No.....

P. O. Address.....

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.