No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28176

State File No.

Registration District No. 251 Primary Registration District No. 4151 Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Jameson
(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
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 031

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

(d) Street No. ---
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Matilda 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 Widowed

6. (b) Name of husband or wife A. D. Scott

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

7. Birth date of deceased December (Month) 21 (Day) 1856 (Year)

8. AGE: Years 84 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Franklin Brown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Ann Ladd
15. Birthplace Wayne County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant J. R. Scott
(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Scotland Cemetery

18. (a) Signature of funeral director Hope Turn. Fund. Co.
(b) Address Gallatin, Mo.

19. (a) Aug 18-1941 (Date received local registrar) (b) Ava Pugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1941 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan. 1937, 1937 to Aug 18, 1941; that I last saw her alive on Aug 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio vascular renal disease

Due to arterial Sclerosis Chronic nephritis

Due to

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.

131B

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)
While at work? (e) Means of injury

23. Signature Dr H W Bailey (M. D. or other)
Address Gallatin Mo Date signed Aug 19

(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 L. O. Jackesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.