No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28872

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 94

1. PLACE OF DEATH:
(a) County MISSISSIPPI
(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 321 E. CYPRESS
(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 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MISSISSIPPI
(c) City or town CHARLESTON
(If outside city or town limits, write "RURAL")
(d) Street No. 321 EAST CYPRESS
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME RINDA VIOLA SCOTT
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUGUST (Month) 18, (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
67	11	20	hr. min.

9. Birthplace EVANSVILLE (City, town, or county) / INDIANNA (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —
MOTHER FATHER
12. Name JOSEPH ISAAC
13. Birthplace — (City, town, or county) / INDIANNA (State or foreign country)
14. Maiden name ELIZABETH BARKER
15. Birthplace — (City, town, or county) / KENTUCKY (State or foreign country)
16. (a) Informant JAMES F. BROWN
(b) Address CHARLESTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF-CHARLESTON, MO
18. (a) Signature of funeral director LAIR-NUNNELEE
(b) Address CHARLESTON, MO
19. (a) 8-10-41 (Date received local registrar) (b) F D Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 6TH year 1941 hour 6 minute P M.
21. I hereby certify that I attended the deceased from July 8, 1941, to Aug. 6, 1941; that I last saw her alive on Aug. 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiorenal vascular — Don't Know
Due to
Due to
Other conditions (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 C. C. Prunell (M. D. or other) M.D.
Address Charleston - Mo. Date signed 8-8-41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 941-123
Date Filed 7/4/41

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 E. E. Gunnels

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.