

Registration District No. 670 Primary Registration District No. 5893

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Beaman, Mo.  
(c) Name of hospital or institution: Beaman, Mo.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Beaman  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas H. Scott  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Etta Scott 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Dec. 18 1862

8. AGE: Years 79 Months 0 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pettis Missouri

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name Robert Scott  
13. Birthplace Pettis Missouri  
14. Maiden name Louise Wasson  
15. Birthplace Pettis Missouri

16. (a) Informant Mrs. Thos. H. Scott  
(b) Address Beaman, Mo.

17. (a) Burial (b) Date thereof Jan. 2/42  
(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Gillespie Funeral Home Sedalia  
(b) Address \_\_\_\_\_

19. (a) Jan 2-42 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 31  
year 1941 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec. 7 1941 to Dec 31 1941  
that I last saw him alive on Dec 31 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations H&E  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Date signed 1/4/42

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

10  
00

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-14-42

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. E. Borildin

Licensed Embalmer No. 3867

P. O. Address Seaside 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.