No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 735 Primary Registration District No. 3034 Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 124 Hedges St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 124 Hedges St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Chas Hubert Scott Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 28 (Day) 1935 (Year)

8. AGE: Years 7 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Moberly Mo (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name Hubert Scott
13. Birthplace Moberly Mo (City, town, or county) (State or foreign country)
14. Maiden name Katherine Brown
15. Birthplace Armstrong Mo (City, town, or county) (State or foreign country)
16. (a) Informant Hubert Scott
(b) Address 124 Hedges St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2-1942 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director R. L. Carr
(b) Address 417 N. 5th Moberly Mo
19. (a) 2-2-1942 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1942 hour 12 minute 20 A. M.
21. I hereby certify that I attended the deceased from Nov 1941 to Jan. 31 1942
that I last saw him alive on Jan. 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of old lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

Duration: about 1 year

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? (Specify type of place)
While at work? No (e) Means of injury

23. Signature W. O. Mezel (M. D. ~~or other~~) M.D.
Address Moberly Mo Date signed 2/1/42

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-42-354
Date Filed FEB 19 1942

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 Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address Moberly 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.