

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 187

Primary Registration District No. 4107

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Billings Jun
(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 _____
(Specify whether)

In this community 1 yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian ²²

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

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

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Cora Scott

8. (b) If veteran, name war _____ (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 E. J. Scott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 7 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1942, to Feb 22, 1942,
that I last saw her alive on Feb 21, 1942,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

69 7 15 _____ hr. _____ min.

9. Birthplace Stone Co - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER

12. Name James M' Cullah

13. Birthplace Jan.
(City, town, or county) (State or foreign country)

14. Maiden name Idella Parks

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____ H6 f

Other conditions mitral stenosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Paul Huffman

(b) Address latter park.

17. (a) Removal (b) Date thereof 2-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane mo

18. (a) Signature of funeral director George H. Manlove

(b) Address Crane mo

19. (a) Feb 23 1942 (b) Mrs. Louise Brown
(Date received local registrar) (Registrar's signature)

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 R.W. Marshall (M. D. or other) D.O.

Address Billings mo Date signed 2/24/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REV. 9-11-39 1 X1931

777

RECEIVED

District Health Officer No. 6,

District File Number 342-274

Date Filed MAR 5 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 George Manlove

Licensed Embalmer No. 3127

P. O. Address Cham 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, above space should be left blank.