

FILED MAR 3 1945
Registration District No. _____

Primary Registration District No. 6020-6

Registrar's No. 11 J 1A

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

1. PLACE OF DEATH: *Trans*

(a) County *St. Francois*

(b) City or town *Booneville Mo.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *202 West School, 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 *Missouri* (b) County *St. Francois*

(c) City or town *Booneville* *2*
(If outside city or town limits, write "RURAL")

(d) Street No. *202 West School St*
(If rural, give location)

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

3. (a) PRINT FULL NAME *William Henry Scarlett*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Dec.* day *28*
year *1941* hour *3* minute *58 A. M.*

4. Sex *0* 5. Color or race _____ 6. (a) Single, widowed, married, divorced *1*

6. (b) Name of husband or wife *Ella* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: *Apr 1892* *1838*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *October*, 1941, to *Dec.*, 1941,
that I last saw him alive on *Dec. 29*, 1941,
and that death occurred on the date and hour stated above.

8. AGE: Years *33* Months *8* Days *10* If less than one day _____ hr. min.

Immediate cause of death: *Terminal pneumonia*

Due to *Probable pulmonary tuberculosis*

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace *Rockingham Co. N. Car.*
(City, town or county) (State or foreign country)

Major findings: *1361*

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name *Wesley Scarlett*

18. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

14. Maiden name *Mary Ann*

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

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? _____

16. (a) Informant *Ella Scarlett*

(b) Address *Booneville, Mo.*

17. (a) *Burial* (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation *Booneville*

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director: *Baldwell B...*

(b) Address *Flat River Mo*

19. (a) *2-7-42* (b) *Byrdie S. G...*
(Date received local registrar) (Registrar's signature)

23. Signature *H. H. ...* (M. D. or other) *M.D.*

Address *Booneville, Mo.* Date signed *12/30/41*

ED
District Health Officer No. 4
District File Number 242-219
Date Filed 2-12-42

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.....

Licensed Embalmer No.

P. O. Address.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 7703

Registration District No. 775-

Primary Registration District No. 60 20a

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Francis

(b) City or town Bonne Terre
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francis

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Henry Scarlett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella Scarlett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr - 8 - 1883
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days _____ (If less than one day) _____ min.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-7703