

FILED APR 20 1942

State File No. ....

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
38 West Pleasant 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 Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence <sup>155</sup>

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

(d) Street No. 38 West Pleasant St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Loyal E. Scott Sr

3. (b) If veteran, name war.....

3. (c) Social Security No. 493-16-8775

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1942 hour 2 minute 30A. M.

4. Sex Male <sup>0</sup> 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Scott

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept 26 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1942 to March 11 1942  
that I last saw him alive on March 11 1942  
and that death occurred on the date and hour stated above.

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

52 5 14 hr. min.

Immediate cause of death Diabetes Mellitus

Duration not known

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

Due to 61

Due to .....

10. Usual occupation Lawyer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

PHYSICIAN

MOTHER FATHER { 12. Name Wm H Scott

Major findings: Of operations.....

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

Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 14. Maiden name Millie Dean

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

16. (a) Informant Mrs Grace Scott

(b) Address Aurora Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 15 /42  
(Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify).....

(c) Place: burial or cremation Aurora Mo.

(b) Date of occurrence.....

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

(c) Where did injury occur?.....  
(City or town) (County) (State)

19. (a) Mar. 14 1942 (Date received local registrar)

(b) Lucille Moore (Registrar's signature)

(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 Paul Durish (M. D. Embalmer)

Address 38 West Pleasant Aurora Mo Date signed 3/14/42

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

55

#P

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 442-540

Date Filed APR 15 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.....

*Herman Purridge*

Licensed Embalmer No. 3072

P. O. Address Curcio 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.