

Registration District No. 843Primary Registration District No. 6106

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Halena, Mo. Rural
(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 29 yrs entire life
years, months or days)3. (a) PRINT
FULL NAMEJack C. Scott3. (b) If veteran, name war _____ 3. (c) Social Security
No. ✓4. Sex m 5. Color or race w 6. (a) Single, widowed, married,
o h o single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if7. Birth date of deceased August 17 1918
(Month) (Day) (Year)8. AGE: Years 29 Months 6 Days 26 If less than one day
hr. min. 09. Birthplace Elroy, Mo. (City, town, or county) (State or foreign country) 010. Usual occupation Farm work

11. Industry or business _____

12. Name Warner Scott13. Birthplace Stone Co. Missouri (City, town, or county) (State or foreign country)14. Maiden name Bessie Bushman15. Birthplace Crane, Mo. (City, town, or county) (State or foreign country)16. (a) Informant Bessie Scott(b) Address Halena, Mo.17. (a) Burial (b) Date thereof Mar 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Crane18. (a) Signature of funeral director J. F. King(b) Address Director Mo.19. (a) 3/14/1942 (b) Nellie Ironley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Halena, Mo Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on after death and that death occurred on the date and hour stated above.Immediate cause of death Heart Attack + 1/3 weeks
Strangulation DurationDue to StrangulationDue to Dropsical Condition 2 yrOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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) (Specify means of injury)

23. Signature Evelyn J. Cheatham (M. D. or other) CoronerAddress Halena, Mo. Date signed 3/13/42

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

RECEIVED

District Health Officer No. 6,

District File Number 4423436

Date Filed APR 8 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

Everett J. Cheatham

Licensed Embalmer No.

3870

P. O. Address

Galena, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12234

Registration District No. 842

Primary Registration District No. 6106

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Galena
(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 years, months or days)

3. (a) PRINT FULL NAME Jack C Scott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 17 1916
(Month) (Day) (Year)

8. AGE: 29
Years Months Days If less than one day min.

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

10. Usual occupation

11. Industry or 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)

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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19... 19...
that I last saw him alive on 19... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death

Heart Block & Strangulation

Due to

Due to Acute myocarditis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93e

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?
(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) (e) Means of injury

While at work? (Specify type of place) (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-12234

1942