

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23908

State File No.

Registrar's No. 708

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
St. Joseph Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether)

In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2020 Union Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. 0 years.

3. (a) PRINT FULL NAME Frank Samuel Scott

3. (b) If veteran, name war No. 3. (c) Social Security No. 500-19-4643

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

6. (b) Name of husband or wife Linna Scott 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 23 1886
(Month) (Day) (Year)

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

55 1 21 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name George Scott

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

14. Maiden name Nancy L. Palmer

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

16. (a) Informant Mrs. Linna Scott

(b) Address 2020 Union St., St. Joseph, Mo.

17. (a) Removal (b) Date thereof 7-16-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Nicholas Atchison Kansas

18. (a) Signature of funeral director Halter Meisshaffer

(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 7-14-42 (b) Aze Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th. year 1942 hour 9 minute 53 A. M.

21. I hereby certify that I attended the deceased from July 6, 1942, to July 14, 1942, that I last saw him alive on July 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Aggravation of heart
myocardium

Due to Y

Due to h

Other conditions 47d
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

Duration

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 (e) Means of injury

23. Signature Walter Meisshaffer (M. D. or other) M.D.
Address St. Joseph Mo Date signed July 15 42

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

H.A.

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 Geo E Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.