

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

**AUG. 21 1942**

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 178

26  
5  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
924 Jackson Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 21 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 924 Jackson Street 4  
(If rural, give location)

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

3. (a) PRINT FULL NAME George James Scott, Jr.

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

3. (c) Social Security No. 498-18-6883

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

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

7. Birth date of deceased June 28th 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>2</u>	<u>24</u>	hr. min.

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

10. Usual occupation Radio Technician

11. Industry or business.....

12. Name George J. Scott

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mae Schafer

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

16. (a) Informant George J. Scott

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof July-23-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Boysen

(b) Address Jefferson City, Missouri

19. (a) 7-23-42 (b) Boysen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from no attendance, 19.....  
that I last saw ~~him~~ her on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
gun shot wound of head

Due to.....  
suicide

Other conditions.....  
(Include pregnancy within 3 months of death) 164c

PHYSICIAN.....  
Major findings:  
Of operations.....  
Of autopsy none  
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) suicide

(b) Date of occurrence 7-27-42

(c) Where did injury occur? Jefferson City, MO  
(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 gun

23. Signature Edw. Meuser (M. D. or other)

Address Jefferson City, MO Date signed 7-29-42

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**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 Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address. Jefferson City 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.

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