FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28074

Do not use this space.

92 9 3

1. PLACE OF DEATH
(a) County St Charles
(b) Township St Charles
or
(c) City St Charles
Registration District No. 757 92 1
Primary Registration District No. 3036 3
Registered No. 354
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. / ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clemence Alberta Scott ~~July 17 1942~~
(a) Residence, No. Flint Hill Mo St. ☐ St Joseph Hospital
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ~~M~~ F
4. COLOR OR RACE 1 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. ALLen Scott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1889
7. AGE YEARS 52 MONTHS 6 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home duties
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Wood Mo 0

FATHER
13. NAME Michel Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Wood Mo. 0

MOTHER
15. MAIDEN NAME Mary Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Wood Mo 0

17. INFORMANT (ADDRESS) Donald Scott Flint Hill Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Flint Hill Mo. DATE July 20 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) N. E. Pittman Wentzville Mo.
20. FILED July 20th 1942 Clarence G. Wessler Local Registrar.

679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1942
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1941, to July 17 1942
I last saw her alive on July 17 1942 Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mesenteric thrombosis	1 day
99.1	
Other contributory causes of importance:	
Coronary heart disease	?

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. M. Jenkins D., M. D.
(Address) St Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16605

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 P. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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, above space should be left blank.