

FILED NOV 7 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
 Buchanan
 (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:
 2421 Francis Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Not
 (Specify whether years, months or days)
 In this community 31 years

2. USUAL RESIDENCE OF DECEASED:
 Missouri
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2421 Francis Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Florence Ada Scott
 (b) If veteran, name war No
 (c) Social Security No. Not

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Andrew J. Scott
 (c) Age of husband or wife if alive years
 7. Birth date of deceased July 24 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	24	hr. min.

9. Birthplace Henry County Illinois /
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER
 { 12. Name John W. Proctor
 { 13. Birthplace Unknown Illinois /
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown Bird
 { 15. Birthplace Unknown Illinois /
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert L. Wiel

(b) Address 310 Lafayette St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10-16-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mt. Auburn Cemetery
 St. Joseph, Mo.

18. (a) Signature of funeral director Walter Meisshaffer
 (b) Address 13th. & Faron Sts., St. Joseph, Mo.

19. (a) 10-16-42 (b) Rose Herzog
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th.
 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1942 to Oct 14, 1942
 that I last saw her alive on Oct 1, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis resulting from an old. of pleurisy
 Due to stroke

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy

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 J. W. Mays (M. D. or other)
 Address 2701 Renick St Date signed

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

2801 Rem ch.

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 Lamb
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.