

FILED MAY 28 1943

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Huntington York, Pa. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 210 N. Main Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALVA-SCOTT

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 429-10-6436

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

6. (b) Name of husband or wife Hariett Scott 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb 2, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 3 8 hr. min.

9. Birthplace Le Witt Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name J. W. Scott

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

14. Maiden name Ela Jewell

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

16. (a) Informant Hariett Scott
(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englemeyer's Burial Home

18. (a) Signature of funeral director Willis Marshall
(b) Address Carrollton Mo.

19. (a) 5-12-1943 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 11 minute AM

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

Immediate cause of death Strangulation, self inflicted by hanging
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 5-10-43
(c) Where did injury occur Carrollton, Carroll, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Lumber yard
While at work? No (Specify type of place) (e) Means of injury Thin rope

23. Signature Dr. Ernest R. Smith, D.O. - Carroll
Address 114 N. Main, Carrollton, Mo. Date signed 5/14/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1053

MAY 28 1943

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-27-43

JAN 15 1957

5186 NMP

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 myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.