

FILED MAY 20 1943
Registration District No. 2099

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(c) Name of hospital or institution: Levering Hosp.
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Franklin Scott
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Adeline Truitt
6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 20, 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired R.R. Machinist

11. Industry or business

12. Name Milton Scott
13. Birthplace Kentucky
14. Maiden name Mary Richardson
15. Birthplace Kentucky

16. (a) Informant Percy Scott
(b) Address 311 Olive

17. (a) Burial (b) Date thereof 4/12/43
(c) Place: burial or cremation Barkley Cem. New London Mo.

18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway

19. (a) 4-12-43 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(d) Street No. 105 South Levering
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1943 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from March 26, 1943 to Apr. 11, 1943 that I last saw him alive on Apr. 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia

Due to
Due to

Other conditions: Trace RT Hip
Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 119
(b) Date of occurrence March 26 - 1943
(c) Where did injury occur? Hannibal - Marion - Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
(e) While at work? (Specify type of place)
23. Signature: B. M. Murphy (M. D. or other)
Address: Hannibal - Mo. Date signed: 4/12/43

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

MOTHER FATHER

1146

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
George T. Bond, Registered Apprentice No. 350
working under my personal supervision.

Signed *Wm M Smith*

Licensed Embalmer No. 1204

P. O. Address Hannibal 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.