

S. No. 2  
1-9-4-41  
5-17-41  
1-29-41

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22250

State File No. ....

FILED JUL 13 1943

Registration District No. 296

Primary Registration District No. 6019

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County RAY  
(b) City or town Carroll → RURAL (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At home of Eunice Roe (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether) most of his life  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray  
(c) City or town Rural (If outside city or town limits, write "RURAL") 89  
(d) Street No. 3 mi Northwest of Carroll (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Richard CARTER Scott

3. (b) If veteran, name war \_\_\_\_\_ x  
3. (c) Social Security No. \_\_\_\_\_ x

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 15 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 3 22 hr. min.

9. Birthplace Clay County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles Scott

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

14. Maiden name Janet Clewanger

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

16. (a) Informant Emery Scott

(b) Address Carroll Mo

17. (a) Burial (b) Date thereof June 8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Carroll Mo

19. (a) June 10/43 (b) Dr. G. T. Semman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 27 1943 to June 7 1943  
that I last saw him alive on June 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage

Due to Cerebral Sclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) [Signature]

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. T. Semman (M. D. or other) D.O.  
Address Carroll Mo Date signed June 10/43

1228

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-12-43

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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 Me \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed C. V. Gibson \_\_\_\_\_

Licensed Embalmer No. 2299 \_\_\_\_\_

P. O. Address: Oriskany Me \_\_\_\_\_

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.