

Registration District No. 24 1943 96 Primary Registration District No. 4-1-4-7-415-8 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Buffalo
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dallas
(c) City or town Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Jasper Scott
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 19
year 43 hour 120 minute 457 M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Nancy J. Scott
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased April 4 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-20 1943 to 7-19-43
that I last saw him alive on 7-16-43
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Cardiac Renal Disease with Hypertension of Arterio Sclerosis
Due to Age

8. AGE: Years 77 Months 3 Days 15
If less than one day _____ hr. _____ min.
9. Birthplace Dallas Co. Mo
(City, town, or county) (State or foreign country)

Other conditions none
(Includes pregnancy within 3 months of death)
Major findings: Of operations 131A
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Jasper Scott
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy J. Scott
(b) Address Buffalo Mo
17. (a) Burial (b) Date thereof 7-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo
19. (a) 10/12/43 (b) Helen Davis
(Data received local registrar) (Registrar's signature)

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) (a) Means of injury _____
23. Signature E. P. Hummer (M. D. or other) MO
Address Buffalo MO Date signed 7-27-43

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

NOV 27 1942

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 *Clayde Montgomery*
Licensed Embalmer No. *3592*
P. O. Address *Buffalo Wis.*

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.