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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1944

Registration District No. 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41927

Primary Registration District No. 5221

Registrar's No. 215

1. PLACE OF DEATH:

(a) County Cass

(b) City or town X Rural Dayton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X 1
(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: 19

(a) State Missouri (b) County Cass 0

(c) City or town Garden City 0
(If outside city or town limits, write "RURAL")

(d) Street No. X
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME Martha N Scott

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female 5. Color or race White 6. (a) ~~Single~~, widow~~ed~~, ~~married~~, ~~divorced~~ 2 widow

6. (b) Name of ~~husband~~ or wife ____ 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Sept (Month) 11 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	13	6 hr. ____ min.

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

10. Usual occupation House Wife

11. Industry or business ____

FATHER
12. Name John McClain
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Martha Gray
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Geo Scott
(b) Address Clinton Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 26, 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Sanjuan Mo

18. (a) Signature of funeral director J M Kauffman
(b) Address Garden City Mo

19. (a) Dec. 31, 1943 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1943 hour 6 00 minute A.M.

21. I hereby certify that I attended the deceased from July 20, 1943, to ____, 1943 that I last saw her alive on December 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Stomach Probably	2 yrs.
Due to Cant Day	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 b

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 Frank B Ellis (M. D. ~~or other~~)
Address Garden City Mo Date signed Dec 30 1943

(Licensed Embalmer's Statement on Reverse Side)

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 a~~ J M Kauffman, Registered Apprentice No. 1030, working under my personal supervision.

Signed J M Kauffman

Licensed Embalmer No. 1030

P. O. Address Independence 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, above space should be left blank.