

Filed MAY 8 1944
Registration District No. 2-17

Primary Registration District No. 3052

State File No. _____
Registrar's No. 109

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 1321 So. Ohio
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1321 So. Ohio.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Ruth Scott

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan. 2 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>16</u>	hr. _____ min.

9. Birthplace Summer Co., Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Rodney J. Durham

13. Birthplace Summer Co., Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Graves

15. Birthplace Summer Co., Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Scott

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 4-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie F.H.

(b) Address SEDALIA, Mo.

19. (a) 4/20/44 (b) Mrs Anna Burger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th.
year 1944 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from over 15 years
_____ 19 _____ to April 18 19 44
that I last saw her alive on April 18th 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Old myocarditis 54 years

Due to Old arthritis 157 years

Other conditions None
(Include pregnancy within 3 months of death) 124 years

Major findings: None
Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

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

23. Signature Dr. Carlisle M. S. (M. D. or other)

Address Sedalia Mo. Date signed 4-19-44

Duration 54 years
157 years
124 years
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-5-44

JAN 5 1956

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.....

L. E. Bouchon
Licensed Embalmer No. 3867

P. O. Address.....
Seclusion M.

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.