

40487

State File No. _____

FILED JAN 11, 1945

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1001 N. Frankl'in
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. 1001 N. Franklin
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Lorena Scott

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Asa P. Scott

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>7</u>	<u>12</u>	hr. _____ min.

9. Birthplace Knox Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Custer Sharp

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

14. Maiden name Marv Ellen Palmer

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

16. (a) Informant Mrs. Belva Garwood

(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof 12/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of funeral director D. R. Riley

(b) Address Kirksville, Mo.

19. (a) 12-18-44 (b) Mrs. J. L. Wayman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
 year 1944 hour 3:00 minute P: M.

21. I hereby certify that I attended the deceased from 11/15
 1944 to 12/8 1944

that I last saw h. alive on Dec 8 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arterio-Sclerosis

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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 D. R. Riley, M.D. (M. D. or other)
 Address Kirksville, Mo. Date signed 12/12/44

Duration
D. R.
D. R.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-72

Date Filed JAN 9 1945

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

DEE Rikus

Licensed Embalmer No. 4181

P. O. Address Kirkville 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, fact should be so stated above.