

FILED JAN 12 1945
Registration District No. 177

Primary Registration District No. 5637

Registrar's No. 58

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Rural, Clay Twns.
 (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 1
 In this community 30 Yrs.
 years, months or days

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

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hugh Scott
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Dec. 11 1880
 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 19
 If less than one day _____ hr. _____ min.

9. Birthplace Litchfield, Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER {
 12. Name R.W. Ferguson
 13. Birthplace Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Laura Kinder
 15. Birthplace Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Ferguson

(b) Address Odessa, Mo.

17. (a) Burial (b) Date thereof Jan. 2, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenton Cem. Odessa Mo.

18. (a) Signature of funeral director The Ferguson

(b) Address Odessa, Mo.

19. (a) Jan. 3-1945 (b) Mrs. W. Baker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8 miles NW of Odessa
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

20. DATE OF DEATH: Month Dec day 30
 year 1944 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 26
 _____, 1944, to Dec 30, 1944
 that I last saw her alive on Dec 30, 1944
 and that death occurred on the date and hour stated above

Immediate cause of death cerebral hemorrhage
 Duration 3 days

Due to Hypertension & arteriosclerosis
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: §3a
 Of operations _____
 Of autopsy _____
 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) no

(b) Date of occurrence _____

(c) Where did injury occur? no injury
 (City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

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

23. Signature [Signature] (M. D. or other) _____
 Address Odessa Mo Date signed 1/3/45

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

400

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-10-42

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 George E. Heisman

Licensed Embalmer No. 9541

P. O. Address Osaka 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.