S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1944

Registration District No. 212

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5779

State File No. 41645

Registrar's No. 35763H

1. PLACE OF DEATH:

(a) County: Miller

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

(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 years, months or days)

In this community: 9 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Miller

(c) City or town: Rural - Franklin Twp. (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: No

3. (a) PRINT FULL NAME: Lacie - Maude - Scott

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Aubrey E. Scott

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Feb (Month) 11 (Day) 1880 (Year)

8. AGE: Years 64 Months 9 Days 10 If less than one day - hr. - min.

9. Birthplace: Moniteau Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: George Milburn

FATHER 13. Birthplace: Moniteau Co (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Sarah Cook

MOTHER 15. Birthplace: Moniteau Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Aubrey E. Scott

(b) Address: Eldon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation: California Cem.

18. (a) Signature of funeral director: Keith McKay

(b) Address: Eldon Mo

19. (a) 11-22-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21 year 1944 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from 10/26, 1944 to 11/21, 1944 that I last saw him alive on 11/20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 day
Due to: Gen Paralysis	2
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
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):

(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: 0

23. Signature: G. D. Wallace (M. D. or other)

Address: Eldon Mo Date signed: 11/22/44

1114 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dept
County File Number 44-1828
Date Filed 12-5-44

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 Keith M Kaye

Licensed Embalmer No. _____

P. O. Address _____

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.