S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16200

Primary Registration District No. 3002

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: Andrew Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain 4

(c) City or town ~~Mexico~~ Mexico 1
(If outside city or town limits, write "RURAL") 2

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Eva May Scott

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Abner Scott

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1887 (Year)

8. AGE: Years 58 Months 6 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Calwood (City, town, or county) Mo. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Allen Worley
13. Birthplace Mokane (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Meadows
15. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Abner Scott
(b) Address Mexico, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Old Auxvasse

18. (a) Signature of funeral director Hughes Mausbin
(b) Address Auxvasse, Mo.

19. (a) 5/20/45 (Date received local registrar) (b) Margaret K Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1945 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 5, 1945, to May 20, 1945; that I last saw her alive on May 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Degenerative Myocarditis	6 mos
Diabetes Mellitus	5 yrs
Due to	
Due to	

Other conditions
(Include pregnancy within 3 months of death)

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) No

(b) Date of occurrence None

(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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Harry F O'Brien O (M. D. or other)

Address Mexico Mo Date signed 5-20-45

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-45-937
Date Filed JUN 7 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 Hughes Mauzin

Licensed Embalmer No. 2358

P. O. Address Auxvasse, 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.