

S. No. 2  
 DM-8-43  
 v. 5-17-39  
 X37823

17578

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED MAY 22 1945**  
 Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 40

1. PLACE OF DEATH:  
 (a) County Mississippi  
 (b) City or town Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1/2 Mile East  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Several Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Miss. 67  
 (c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
1/2 Mile East  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 None  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alex Scott  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 26th  
 year 1945 hour 9 minute A M.

4. Sex M 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Tiney Scott  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased July 10th 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-24-45 to 4-24-45; that I last saw him alive on 4-24-45 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>16</u>	hr. _____ min. _____

Due to \_\_\_\_\_  
 Due to Influenza 1 week

9. Birthplace Charleston Tenn. 1  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farming

Other conditions 331  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Luther Scott  
 13. Birthplace N.K. Tenn. 1  
(City, town, or county) (State or foreign country)  
 14. Maiden name N.K.  
 15. Birthplace N.K. 7  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dan Scott  
 (b) Address R#2 Charleston, Mo.  
Burial  
 17. (a) \_\_\_\_\_ (b) Date thereof 4-30-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Grove, Charleston,

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? MO.

18. (a) Signature of funeral director [Signature]  
 (b) Address [Address]  
 19. (a) 375-145 (b) Mrs. Lon [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 304 S. Locust St. Charleston, Mo. Signed 5-1-45

1257

(Licensed Embalmer's Statement on Reverse Side)

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

17  
11  
2

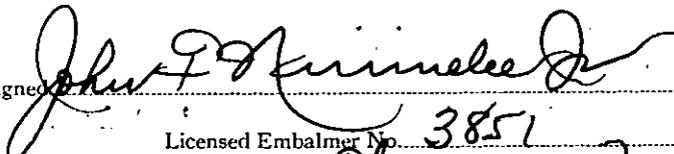
RECEIVED  
District Health Office No. 2  
District File Number 745-1463  
Date Filed 5-21-45

**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  .....

Licensed Embalmer No. 3851

P. O. Address Charleston 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.**