

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 10 1945 STANDARD CERTIFICATE OF DEATH

21869

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 98

4
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mos. 16 das.
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Phelps 94
 (c) City or town Rolla 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 109 Park St. 5
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN P. SCOTT
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22,
 year 1945 hour 8 minute 35 P. M.

4. Sex Male 0 5. Color or race W.
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Mary E. Clayton
 6. (c) Age of husband or wife if alive Age Unk years
 7. Birth date of deceased July 23 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 6, 1945 19____ to July 22, 1945 19____
 that I last saw him alive on July 22, 1945 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 29 _____ hr. _____ min.

Immediate cause of death Cerebral arteriosclerosis
 Due to _____
 Due to _____

9. Birthplace Dent Co., Missouri 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming and mining

Other conditions 7
(Include pregnancy within 3 months of death)
 Major findings: 9
 Of operations _____

11. Industry or business _____
 12. Name William Scott
 13. Birthplace Dent County, Missouri 0
(City, town, or county) (State or foreign country)
 14. Maiden name Miranda Furey
 15. Birthplace Dent County Missouri 0
(City, town, or county) (State or foreign country)

Of autopsy No autopsy.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Records State Hospital No. 4
 (b) Address Farmington, Missouri

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof 7-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rolla Cem., Rolla, Mo.
 18. (a) Signature of funeral director Null Funeral Home
 (b) Address Rolla, Missouri
 19. (a) 7/28/45 (b) Ether Rudloff
(Date received/local registrar) (Registrar's signature)

(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 [Signature] (M. D. or other) md.
 Address Rolla, Mo. 4 Date signed 7-25-45

RECEIVED

District Health Officer No. 4
District File Number 84-5-961
Date Filed 8-9-45

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 Burl J. Miller
Licensed Embalmer No. 3752
P. O. Address Farmington, 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.