

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20811

FILED SEP 7 1945

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

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washita Sup.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. no 3 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 2 1/2 da  
same time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Myrtle Scott

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color of hair Black

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown  
(Month) Unknown (Year) Unknown

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>-</u>	<u>-</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business Own home

MOTHER FATHER

12. Name Unknown

13. Birthplace "  
(City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Nevada mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Charinda Iowa

18. (a) Signature of funeral director Days Funeral Service

(b) Address Nevada mo

19. (a) 8-10-1945 (Date received local registrar) (b) Hazel Bewick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 622 Benton Blvd  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9  
year 1945 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 6/29/45  
\_\_\_\_\_, 19\_\_\_\_, to 8/9/45, 19\_\_\_\_;  
that I last saw her alive on Aug 9 1945, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis, type undetermined

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 81b

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature R B Lester (M. D. or other) \_\_\_\_\_  
Address Nevada mo Date signed 8-9-45

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

108  
0  
0

1987

RECEIVED  
District Health Officer No. 71  
District File Number 8-45-870  
Date Filed 9-5-45

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 *Allen H. Joy*.....

Licensed Embalmer No. *1968*.....

P. O. Address *Nevada, 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.