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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1945

State File No. 31295

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 161

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital (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) 2 Days.
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls 87
(c) City or town: New London (If outside city or town limits, write "RURAL")
(d) Street No.: None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE SCOTT
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: July (Month) 18 (Day) 1876 (Year)
8. AGE: Years 69 Months 6 Days 14 If less than one day hr. min.
9. Birthplace: Ringo Co. (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
12. Name of father: William Scott
13. Birthplace of father: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name of mother: Thally Lingmont
15. Birthplace of mother: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Cinos Linstock
(b) Address: RFD 3 Hebel, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Stall Missouri
18. (a) Signature of funeral director: Snow Funeral Home
(b) Address: Moberly Missouri
19. (a) 9-1-45 (Date received local registrar) (b) Verna Kane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1945 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Coroners Case, 19 to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Some unknown cause.
Due to: Jury Report
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 1/4
Of autopsy: 1/4

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): Accident 87
(b) Date of occurrence: Aug. 31 - 1945
(c) Where did injury occur? Moberly (City or town) Randolph (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury: unknown
23. Signature: R. D. Williams (M. D. or other)
Address: Moberly Mo. Date signed 9-1-45 Coroner

1056 (Licensed Embalmer's Statement on Reverse Side)

SEP 25 1945

RECEIVED
District Health Officer No. 10
District File Number 9-45-1402
Date Filed SEP 17 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 R. W. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.