

FILED APR 24 1946 STANDARD CERTIFICATE OF DEATH

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

Registration District No. 294

Primary Registration District No. 5056

Registrar's No. 62

1. PLACE OF DEATH

(a) County Randolph  
(b) City or town Proberly  
(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 16 days (Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #2 Sturgeon 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

ARTHUR WILLIAM SCOTT  
A. W. 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 Married

6. (b) Name of husband or wife Edna Mae Scott 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July - 27 - 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 6 11 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Harlan R. Scott

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

14. Maiden name Jane Sharp

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

16. (a) Informant Mrs. A. W. Scott

(b) Address RFD #2 Sturgeon MO

17. (a) Burial (b) Date thereof Mar - 13 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Proberly Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Proberly Mo.

19. (a) Mar 13 46 (b) Paul William  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th  
year 1946 hour 3 minutes 50 P.M.

21. I hereby certify that I attended the deceased from 2-22, 1946 to 3-10, 1946  
that I last saw him alive on 3-10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bowel & adjacent tissue in bed

Duration  
3 months

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

Other conditions 4/62  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma below kidney including aorta in mass  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature P. L. McCormick (M. D. or other) MD  
Address Proberly Mo. Date signed 3-10-46

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

13057

RECEIVED

District Health Officer No. 10

District File Number 4-46-827

Date Filed APR 22 1946

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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. M. 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.**