

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. 15600

Registration District No. 1

Primary Registration District No. 400-55009

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Gibbs (Rural)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 65 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Gibbs (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIJAH SCOTT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Tessie Scott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased no. 1 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 18 hr. _____ min.

9. Birthplace Wopella see 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Wm. L. Scott

13. Birthplace see 1
(City, town, or county) (State or foreign country)

14. Maiden name Primitia Cox

15. Birthplace see 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Evelyn Mages

(b) Address Gibbs, Mo.

17. (a) Burial (b) Date thereof Apr 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilson Cemetery

18. (a) Signature of funeral director Foster R. Eastey

(b) Address Brushers, Mo.

19. (a) 4-29-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19
year 1946 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 5
1946 to April 19, 1946
that I last saw him alive on Apr 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Due to Arteriosclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 131

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 0

23. Signature Dr. H. M. Humphrey (M.D. or other)
Address Brushers Mo Date signed 4-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Officer No. 109

District No. Number 5-46-109

Date Filed MAY-23-1946

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 Fred P. Easley,

Licensed Embalmer No. 1146

P. O. Address Boston, Mass.

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.