

FILED JUL 8 1946

Registration District No. _____

Primary Registration District No. 4002

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Brashear
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether _____)
 In this community 69 yrs. years, months or days

3. (a) PRINT FULL NAME WILLIAM FLETCHER 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 MARRIED

6. (b) Name of husband or wife ESTELLA CONNIE SCOTT 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 18 1897
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace KNOX CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

MOTHER FATHER

12. Name DAVID D. SCOTT

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

14. Maiden name RACHEAL OSBORNE

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

16. (a) Informant Estella Scott

(b) Address Brashear Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Paul Town Cemetery

18. (a) Signature of funeral director Foster K. Covaly

(b) Address Brashear Mo.

19. (a) 6-17-46 (Data received local registrar) (b) Kate Lambert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX
 (c) City or town "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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1946 hour 7 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 10 1946 to June 13 1946 that I last saw him alive on June 13 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 94%
Of autopsy _____

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 D

23. Signature H.M. Humphrey (M. D. or other) MD
Address Brashear Mo. Date signed 6-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18265

RECEIVED

District Health Officer No. 10

District File Number 7-46-1250

Date Filed JUL 3 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 Geoffrey J. [Signature]

Licensed Embalmer No. 3755

P. O. Address Frederick Md.

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.