V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26468

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 274

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

25314

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 St. Louis Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 16 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. 7 St. Louis Ave (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM REID SCOTT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife Ruth Tuttle Scott

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased OCT. (Month) 16 (Day) 1876 (Year)

8. AGE: Years 69 Months 10 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation MERCHANT

11. Industry or business FURNITURE

FATHER
12. Name WM C. SCOTT
13. Birthplace LONE ELM (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name LOUISA MOORE
15. Birthplace BUNCETON (City, town, or county) MO (State or foreign country)

16. (a) Informant MRS W. R. SCOTT

(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 9 1946 (Month) (Day) (Year)

(c) Place: burial or cremation BOONEVILLE, MO

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St. Fulton, Mo.

19. (a) Aug 9-46 (Date received local registrar) (b) Jones Mossinkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar. 1, 1946, to Death, 19..., that I last saw him alive on Aug 4, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	4 days
Due to: Superior Sulcus Tumor of Lung (Rt).	9 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) — 47D	

Major findings: Of operations none

Of autopsy none

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? (e) Means of injury

23. Signature John J. Brown (M. D. or other) M.D.

Address Fulton Date signed 8-9-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number 9-46-33
Date Filed 9-4-46

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 Harold M. Douglass, Registered Apprentice No. 410, working under my personal supervision.

Signed Glen Y. Maupin

Licensed Embalmer No. 12725

P. O. Address Fulton, 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.