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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29864

Registration District No. 75 Primary Registration District No. 4138 52 99 Registrar's No. 77

25
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

28700

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County Tulsa 997

(c) City or town Tulsa (If outside city or town limits, write "RURAL") 34

(d) Street No. 1264 S Louisville (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME FRANK LESLIE SCOTT Jr

3. (b) If veteran, name war World war 2

3. (c) Social Security No.

4. Sex M

5. Color or race W

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 8 (Month) 2 (Day) 1922 (Year)

8. AGE: Years 24 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Drilling Contractor

11. Industry or business

FATHER
12. Name Frank L Scott
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Alta Ann Young
15. Birthplace Blackwell (City, town, or county) Okla (State or foreign country)

16. (a) Informant J. N. Blair

(b) Address 4410 Holly Kansas City

17. (a) Remo Burial (Burial, cremation, or removal) (b) Date thereof 9-5-46 (Month) (Day) (Year) Mo

(c) Place: burial or cremation Tulsa Okla

18. (a) Signature of funeral director Jas L. Martin

(b) Address Plattsburg

19. (a) 9/5 (Date received local registrar) (b) Mrs Willie Jantos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4th year 1946 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from , 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 Airplane crash - fell in local rain storm.

Due to Accident. (He only person in plane)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

173-8
34

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 25

(b) Date of occurrence September 4, 1946

(c) Where did injury occur? Lathrop Township (City or town) Clinton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? pasture farm. (Specify type of place)

While at work? (e) Means of injury

23. Signature A. D. Templeman, coroner (M.D. or other) 3

Address Cameron, Mo Date signed 9/4/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

NOV 26 1951

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 Jas L. Martin

Licensed Embalmer No. 4303

P. O. Address Plattsburg, 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.