

FILED NOV 22 1946  
77

Registration District No. \_\_\_\_\_

Primary Registration District No. 5303

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
South Ten Mile Drive 3  
(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 Missouri (b) County Cole 26  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Ten Mile Drive  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Death when received  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Primary & secondary

3. (a) PRINT FULL NAME Joseph Oliver Scott  
3. (b) If veteran, name war no 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 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: Sept 9 1882  
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 23  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Russelville, Mo.  
(City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name William R. Scott  
13. Birthplace Russelville, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Hogg  
15. Birthplace Russelville, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Blank

(b) Address Lohman, Mo.

17. (a) Burial (b) Date thereof: 11-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cemetery

18. (a) Signature of funeral director Victor Bensch

(b) Address Jefferson City, Mo.

19. (a) 11-4-1946 (b) R. P. Durrin, MD  
(Date received local registrar) (Registrar's signature)

Generalized apoplexy  
Auto Hitz by vehicle  
Secondary traumatic  
comp. fract. 4th thoracic  
Due to vertebral fracture  
of 3rd & 4th ribs on left side  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Compound Bilateral fracture  
Of operations: 2 both legs  
Of autopsy: yes 1946  
21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-2-46

(c) Where did injury occur? Jefferson City, Cole mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
High way 50 west

While at work? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury: Hit by car

23. Signature J. P. Durrin, MD (M. D. or other) 3

Address Jefferson City, Mo. Date signed 11-3-46

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

69

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 11-21-66

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 *Victor Bensch*

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.