

FILED JAN 7 1947

Registration District No. 58

Primary Registration District No. 5212

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Carter

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 15 years
years, months or days

3. (a) PRINT FULL NAME William E Scars

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife Nanna Scars

6. (c) Age of husband or wife if alive 74 years
13 1852
(Month) (Day) (Year)

7. Birth date of deceased _____

8. AGE: Years 94 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) - _____ (State or foreign country): Mo. A

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Scars W

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

14. Maiden name Nancy

15. Birthplace _____ (City, town, or county) _____ (State or foreign country): Virginia

16. (a) Informant Willie Scars

(b) Address Van Buren

17. (a) Aldrich valley Date thereof 12-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Seaton Pewitt

(b) Address Van Buren Mo

19. (a) Dec. 26 Mrs Octa Heuson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter 16

(c) City or town Van Buren (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1946 hour 4 minute P.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 heart failure And arteriosclerosis Duration

Due to infirmities of age

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy 97

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury 3

23. Signature Seaton Pewitt (M.D. or other) Cor
Address Van Buren Mo Date signed 12-17-46

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Seaton Perwill

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.