

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40052

State File No. _____

FILED DEC 20 1946

Registration District No. _____

Primary Registration District No. 5313

Registrar's No. 13

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Cooper
 (b) 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 _____

3. (a) PRINT FULL NAME Effie Lee Scott
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month Dec day 10
 year 1946 hour 9 minute 15 M.
 21. I hereby certify that I attended the deceased from Dec
10 1946 to _____ 19____
 that I last saw her alive on Dec - 10 1946
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles Scott
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Oct 5 1985
 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
 Duration 1 1/2 hrs

8. AGE: Years 61 Months 2 Days 7
 If less than one day _____ hr. _____ min.

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

9. Birthplace Cooper County Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

12. Name J. D. Stephens

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

14. Maiden name Linda Arnold

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

16. (a) Informant Charles Scott

(b) Address Bunceton Mo

17. (a) Burial (b) Date thereof Dec 12-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Passage Mo

18. (a) Signature of funeral director L. B. Parkers

(b) Address Bunceton Mo

19. (a) 7-14-46 (b) H. H. Hill
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations Q3A
 Of autopsy _____
 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 _____
 23. Signature W. K. Meredith (M.D. or other) _____
 Address General Hospital Date signed 12/14/46

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

MOTHER FATHER

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. *my self*

Signed..... *[Signature]*

Licensed Embalmer No. *2547*

P. O. Address..... *Burton 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.