

FILED FEB 5 1947
Registration District No. 324

Primary Registration District No. 693

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. State School 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution In a July 10, 1938
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Glenn Harlan Scott

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, ~~widowed~~, ~~married~~, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan 8 1921
(Month) (Day) (Year)

8. AGE: Years 26 Months 0 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Patient

11. Industry or business _____

MOTHER FATHER { 12. Name Delmar H. Scott
13. Birthplace Raymondville Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Opal Lemons
15. Birthplace Raymondville Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Records - Mo. State School
(b) Address Marshall, Mo.

17. (a) Raymondville, Mo (b) Date thereof Jan 16, 1947
(City or town) (County) (State) (Month) (Day) (Year)
(c) Place: burial or cremation Vollmar, Kentucky

18. (a) Signature of funeral director J. Leslie Busing
(b) Address 233 Marshall St

19. (a) Jan 15-47 (b) Met. Deese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas 97
(c) City or town Raymondville, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1947 hour 6 minute 30 am M.

21. I hereby certify that I attended the deceased from 1942
_____ 19 _____ to Jan 14, 1947;
that I last saw him alive on Jan 13, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Post Encephalitis

Due to _____

Due to _____

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

Major findings: _____
Of operations 440
Of autopsy _____

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 _____

23. Signature L. S. James, M.D. (M. D. or other) 0
Address Marshall Mo. Date signed 1-14-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-25-47

FEB 2 1947

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 _____
Licensed Embalmer No. 3235
P. O. Address Marshall, 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.