

Registration District No. 1

Primary Registration District No. 5006

Registrar's No. 43

1. PLACE OF DEATH

(a) County Adair  
(b) City or town Sublet, - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23  
(c) City or town Koshka  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Wm Benton Scott

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M-O 5. Color or race W. 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 29 1862  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 24  
If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER  
12. Name John W. Scott  
13. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Butler  
15. Birthplace Clark Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roy Lang  
(b) Address Edina Mo.

17. (a) David (b) Date thereof Feb 26 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Linville, Edina, Mo

18. (a) Signature of funeral director Ruth Harrison  
(b) Address Edina Missouri

19. (a) 2-25-47 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25 1947  
year 1947 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from 2-22 1947 to 2-22 1947  
that I last saw him alive on 2-22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

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 2

23. Signature C. L. Martin (M. D. or other) DC  
Address Linville, Edina, Mo Date signed 2/25/47

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

RECEIVED  
District Health Officer No. 10  
District File No. 3-47-541  
Date Filed MAR 21 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..... *Keith Hudson* .....

Licensed Embalmer No. *2415* .....

P. O. Address *Edina, Missou* .....

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.