

Registration District No. 275

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 21
(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 Stella Scott

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W Scott 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 11 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name L.C. Sappenfield 9

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

14. Maiden name Paralee Atkins 9

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

16. (a) Informant John W. Scott

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof Mar. 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Smith - Hollow, J. H. H. H.

(b) Address Rolla, Mo.

19. (a) 4-5-47 (b) Nedie L. Stoll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 25, 1947 to Mar 25, 1947
that I last saw him alive on Mar 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration 10 min.

Due to _____

Due to _____

Other conditions deafness - hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy g g g
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? _____

23. Signature E. E. F. J. D. M. D. (M. D. or other) _____
Address Rolla Mo Date signed 3-30-47

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

MOTHER FATHER

380

MAY 29 1951

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 *J. H. Hollan*
Licensed Embalmer No. 3643
P. O. Address. Rock, Md

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.