

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16047**  
Registrar's No. **74**

Registration District No. **324** Primary Registration District No. **3072**

1. PLACE OF DEATH:  
(a) County **Saline**  
(b) City or town **Marshall**  
(c) Name of hospital or institution:  
**318 East Yearby**  
(d) Length of stay: In hospital or institution  
**All her life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Saline**  
(c) City or town **Marshall**  
(d) Street No. **318 East Yearby**  
(e) Citizen of foreign country? **No**

3. (a) PRINTS FULL NAME **Susan Elenor Scott Wilkinson**  
3. (b) If veteran, name war   
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **11** year **1947** hour **11** minute **0** M.  
21. I hereby certify that I attended the deceased from **1940** to **April 11, 1947**  
that I last saw **her** alive on **April 11, 1947**  
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. (c) Age of husband or wife if alive **84** years  
7. Birth date of deceased **September 21st, 1862**

Immediate cause of death **Myocarditis**  
Due to **Injury - arteriosclerosis**

8. AGE: Years Months Days If less than one day  
**84** **6** **20** hr. min.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Saline county, Missouri**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation **None**  
11. Industry or business \_\_\_\_\_  
12. Name **Joel Scott**  
13. Birthplace **Kentucky**  
14. Maiden name **Nannie Townsend**  
15. Birthplace **Saline county, Missouri**

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant **Sami H. Wilkinson**  
(b) Address **318 East Yearby, Marshall, Mo.**  
17. (a) **Burial** (b) Date thereof **April 13, 1947**  
(c) Place: burial or cremation **Ridge Park cemetery**  
18. (a) Signature of funeral director **Campbell**  
(b) Address **Marshall, Missouri.**  
19. (a) **April 12-1947** (b) **Sidney T. Gray**

23. Signature **John P. Laurum** (M. D. or other) \_\_\_\_\_  
Address **Marshall, Mo.** Date signed **4-12-47**

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

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

4-25-47

---

**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 \_\_\_\_\_

*Jan. H. Lewis*

Licensed Embalmer No. 1171

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.**