S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1947

Registration District No. 46

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 34766

Registrar's No. 301

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1508 Ash 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DR. DAVID ALPHA SCOTT

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dr. Bertha Scott

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 26, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	9	hr. min.

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

10. Usual occupation Chiropractor

11. Industry or business

FATHER
12. Name B. J. Scott
13. Birthplace Carrolton, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Grace Dennis
15. Birthplace unknown, Kansas.
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Bertha Scott
(b) Address 1508 Ash Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/7/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Grove Cemetery

18. (a) Signature of funeral director Geo C Carson
(b) Address Independence, Mo.

19. (a) 10-6-47 (Date received local registrar) (b) James S Bace (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1947 hour 7:25 minute P M.

21. I hereby certify that I attended the deceased from Sept 22, 1947 to Oct 5 1947
that I last saw him alive on Oct 5 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart disease with thrombosis - 3rd occlusion	2 weeks
Due to Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 A	

Major findings:
Of operations No operation
Of autopsy No 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C H Allen M.D. (M.D. or other)
Address Independence Mo Date signed Oct 6-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1948

MAR 3 1948

JUN 2 1948

FEB 27 1957

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 William H. Schlauter, Registered Apprentice No. 439, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.