

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

76

State File No. \_\_\_\_\_

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution St. Vincente Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two weeks  
(Specify whether in this community Almost Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

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

(d) Street No. None  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Mary Elizabeth Scott

3. (b) If veteran, name war None

3. (c) Social Security No 497-24-2270

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8  
year 1948 hour 7 minute 17 P.M.

21. I hereby certify that I attended the deceased from Dec 15 1947 to Jan 8 1948  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Jesse Thomas Scott

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 25 1903  
(Month) (Day) (Year)

Immediate cause of death Barium of the River with metastasis Duration 11/20/48

8. AGE: Years Months Days If less than one day

44 9 13 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER

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

10. Usual occupation Dishwasher

11. Industry or business Kelley base

12. Name Lingey Pruitt

13. Birthplace Heber, Verona Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Hailey

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

16. (a) Informant Jesse T. Scott

(b) Address Monett Missouri

17. (a) Burial (b) Date thereof Jan 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOOF Cem. Monett Mo

18. (a) Signature of funeral director Callaway Funeral Home

(b) Address Monett Missouri

19. (a) 1-9-48 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 46 F

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 Jacques Russell (M. D. or other) MD  
Address Callaway 700 Date signed 1-9-48

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

RECEIVED

District Health Officer No. 6,

District File Number 148-152

Date Filed JAN 29 1948

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. A. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.