

S. No. 2
-12-45
5-17-39
PI X47070

FILED MAR 23 1948

State File No.

Registration District No. 84

Primary Registration District No. 4094

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Linn Case

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn ¹⁰⁸

(c) City or town Navada ¹³
(If outside city or town limits, write "RURAL.")

(d) Street No. 214 South West Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary J. Scott

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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 Jan 3 1876
(Month) (Day) (Year)

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

72 2 9 hr. min.

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

10. Usual occupation Home keeper

11. Industry or business _____

MOTHER FATHER

12. Name Lillian Tolcomb

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

14. Maiden name Mildred Newland

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

16. (a) Informant Mrs. John Scott

(b) Address Navada Mo

17. (a) Burial, cremation, or removal Funeral Home

(b) Date thereof 3-14-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Wm. J. Jones

(b) Address Navada Mo

19. March 16, 1948 (Date received local registrar)

Laura J. Jones (Registrar's Signature) 57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March # day 11 th
year 1948 hour 9 minute 25 ^{A.} M.

21. I hereby certify that I attended the deceased from March 11 1948 to March 11 1948
that I last saw h. ✓ alive on March 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac failure

Due to _____

Due to Chronic Hypertension

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 L

23. Signature Robert Jones (M. D. or other) ⁸⁰

Address Garden City Mo Date signed 3/16/48

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

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 *Floyd Atkinson*

Licensed Embalmer No *3920*

P. O. Address *Warrenville*

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.