FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 9309

FILED MAR 29 1948

Registration District No. 184 — Primary Registration District No. 3038 — Registrar's No. 19

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 629 Freeman (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield (If outside city or town limits, write "RURAL") 1
(d) Street No. 629 Freeman (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CORA ADELIA SCOTT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race Ch
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Otis Scott
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) - 27 (Day) - 1869 (Year)

8. AGE: Years 78 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Linn Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Isaac Buck
13. Birthplace D K (City, town, or county) D K (State or foreign country) 9
MOTHER
14. Maiden name Diandra Lakes
15. Birthplace D. K. (City, town, or county) D K (State or foreign country) 9
16. (a) Informant Mrs Eddie M. Mullen
(b) Address Brookfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-18-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bucklin Mo
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo.
19. (a) 3-19-48 (Date received local registrar) (b) Walter B. Erwin (Registrar's signature) 167

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1948 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1945, to Mar 15 1948 that I last saw her alive on Mar 13 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrage	3-15-48
Due to arteriosclerosis	
Due to essential hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 A

PHYSICIAN
Underline the cause of 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 2

23. Signature Mrs F. LaMance (M. D. or other) DO
Address Brookfield, Mo. Date signed 3-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. W. Blackstock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.