No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16117

FILED MAY 19 1948

Registration District No. 139 Primary Registration District No. 3023 Registrar's No. 102

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 809 East Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 days - 3 yr. Henry Co.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Henry
(c) City or town Windsor, Mo. 42
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ethel G. Scott
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence G. Scott
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 9 - 2 - 1887 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	8	..... hr. ..... min.

9. Birthplace Warsaw Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John W. Guthrie
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Malinda Robison
15. Birthplace Warsaw Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Lawrence G. Scott
(b) Address Clinton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo.
19. (a) 5-12-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 1948 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from January 1945 to May 10 1948
that I last saw her alive on May 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Medullary paralysis
Due to Amytrophic Lateral Sclerosis of cord
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Edward Barnett, (M.D. or other) D.O.
Address Clinton, Mo Date signed 5/12/48

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

RECEIVED
District Health Officer No. 7,
District File Number 4-48-528
Date Filed 5-17-48

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 W. R. Beadle Jr., Registered Apprentice No. 517, working under my personal supervision.

Signed Fred W. Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.