

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Russellville mona
(c) Name of hospital or institution: _____
(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 Cole 26
(c) City or town Russellville
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME PANTHA ALICE SCOTT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased JUNE 9 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 21 hr. min.

9. Birthplace Russellville MO
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Benjamin Stark

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

14. Maiden name Sarah A Scott

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

16. (a) Informant B. B. Scott

(b) Address Russellville MO

17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENLDE CEM.

18. (a) Signature of funeral director W. G. Steffens

(b) Address Russellville MO

19. (a) July 1 (b) Mrs. Minnie Pittman
(Date received by) Registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 30
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 22 1948 to June 30 1948; that I last saw her alive on June 29 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastroenteritis Acute Myocarditis
Duration 8 days 2 days

Due to _____

Due to _____

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:

(e) 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 _____

Signature Walter L Leslie (M. D. or other) _____

Address Russellville MO Date signed 6-30-48

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 14 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

G. Steffens

Licensed Embalmer No. 2307

P. O. Address

Russellville 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.