

Registration District No. 77

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo.
(c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 2 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Russellville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME EMBRA L. SCOTT

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Scott
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Nov. 25-1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 16 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Jim Roy Scott

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

14. Maiden name Therese Stark

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

16. (a) Informant James Earl Scott

(b) Address Jefferson City

17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesnut Hill, Mo.

18. (a) Signature of funeral director W. H. [unclear]

(b) Address Russellville, Mo.

19. (a) 7-15-48 (b) [unclear]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 11
year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 7 to July 11, 1948
that I last saw him alive on July 11, 1948
and that death occurred on the day and hour stated above.

Immediate cause of death Diabetes Mellitus
Duration 4 years

Due to

Due to

Other conditions Senescence
(Include pregnancy within 3 months of death)

Major findings: Heart (operated) (ruptured)
Of operations

Of autopsy [unclear]
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 [unclear] (M. D. or other) Mo.

Address Jefferson City Date signed 7-13-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 21 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 *Roy O. Steffens*
Licensed Embalmer No. *14022*
P. O. Address *Russellville,*

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.