

FILED JUL 26 1948

Registration District No. **274**Primary Registration District No. **5937-3052**Registrar's No. **201**

## 1. PLACE OF DEATH:

(a) County **Pettis**  
 (b) City or town **Sedalia**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Bothwell Hosp. O**  
 (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)

3. (a) PRINT FULL NAME **Nancy Jean Scott**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **July 8 1948**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 hr. 30 min.**

9. Birthplace **Sedalia Mo O**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business

12. Name **Steve Scott**

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

14. Maiden name **Nancy Jean Brownfield**

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

16. (a) Informant **Steve Scott**

(b) Address **319 E. Chestnut Sedalia Mo**

17. (a) **burial** (b) Date thereof **7-9-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **M. Douglas Brown**

(b) Address **519 So. Ohio Sedalia Mo**

19. (a) **7-9-48** (b) **Betty Yeager**  
 (Date received local registrar) (Registrar's signature) Deputy

(c) **2518** (City, town, or county)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
 (c) City or town **Sedalia**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **319 E Chestnut**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8**  
 year **1948** hour **7** minute **45 PM**

21. I hereby certify that I attended the deceased from **July 8 1948** to **July 8 1948**  
 that I last saw him alive on **July 8 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Pulmonary atelectasis**

Due to **Pneumonia -**

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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?..... (Specify type of place) Means of injury **O**

23. Signature **Oliver Gordon Stauffer** (M. D. or other) **MD**

Address **Sedalia Missouri** Date signed **7-9-48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Stauffer*

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-23-48

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *K.P. Coary*

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.