

S. No. 2
M-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29065**
Registrar's No. **262**

FILED SEP 17 1948

Registration District No. **77**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Callaway County Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **About 6 Hours**
Twenty Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway 14**
(c) City or town **Fulton** (If outside city or town limits, write "RURAL") **2**
(d) Street No. **218 Nichols** (If rural, give location) **0**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James B. Scott**

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

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Alberta Scott** 6. (c) Age of husband or wife if alive **3** years **1875**
7. Birth date of deceased **Dec. 3 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 8 28 hr. min.

9. Birthplace **Tuscumbia Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **Arthur Scott 0**
13. Birthplace **Tuscumbia Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Adeline Bosby**
15. Birthplace **Dont Know 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. B. Scott**

(b) Address **218 Nichols St, Fulton, Mo.**

17. (a) **Burial** (b) Date thereof **9-3-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillcrest**

18. (a) Signature of funeral director **Wallace Funeral Home**

(b) Address **7 E 6th St, Fulton, Missouri**

19. (a) **9-3-1948** (b) **Jesse Noran**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12** year **1948** hour **3:12** minute **42** M.

21. I hereby certify that I attended the deceased from **Sept 12** 19**48** to **Sept 12** 19**48**; that I last saw him alive on **Sept 12** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia-toxemia** Duration **2 wks**
hepatochlorosis **you**
Charcot's Disease **you**
Other conditions **General arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **131A**
PHYSICIAN _____
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 **0**
Signature **E. K. Goh** (M. D. or other) **hip**
Address **Fulton Mo** Date signed **9/12/48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 15 1948

SEP 24 1948

SEP 17 1948
OCT 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 Stuzil C Browning
Licensed Embalmer No. 2724
P. O. Address Fulton, 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.