

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31780**
Registrar's No. **40**

FILED OCT 13 1948
Registration District No. **2**

Primary Registration District No. **4516**

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

1. PLACE OF DEATH:

(a) County TANNEY

(b) City or town FORSYTH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Forsyth
(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 WILLIAM THOMAS SCOTT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 24 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 21 1948
to Sept 21 1948

that I last saw him alive on Sept 21, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 0 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED

Immediate cause of death Stroke Duration 4 days

Due to _____

Due to _____

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

Major findings: 107

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name W. C. Scott

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

14. Maiden name Thelma Kelly

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

16. (a) Informant Mr. Roy Adams

(b) Address Forsyth

17. (a) Burial (b) Date thereof Sept 23 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Forrest
(b) Address Forsyth Mo

19. (a) 9-27-48 (b) S. E. Cozwell
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address [Address] Date signed 9/23/48

RECEIVED
District Health Officer No. 6;
District File Number 1048-1160
Date Filed 10-10-48

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 Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Burns 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.