

FILED JAN 21 1942

Registration District No. 548

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42497

Primary Registration District No. 4323

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town _____
 (c) Name of hospital or institution: County Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
5 years 0 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMECharles B. Scott3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Alice Bowles Scott6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased
(Month) (Day) (Year)June181860

8. AGE:

Years

Months

Days

If less than one day

81624

hr. min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name John W. Scott13. Birthplace Kentucky

(State or foreign country)

14. Maiden name Sarah Goodman15. Birthplace Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Emerson, Missouri

(b) Address

Palmyra, Mo.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

1/14/42

(Month) (Day) (Year)

(c) Place: burial or cremation

Emerson, Missouri

18. (a) Signature of funeral director

Emerson, Missouri

(b) Address

Palmyra, Mo.

19. (a)

Jan 14-42

(Date received local registrar)

(b) Deputy

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Palmyra, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
 year 1942 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from Sept-27-41
 _____, 19____, to Jan-12, 1942
 that I last saw him alive on Jan 12-42, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic Pneumonia

Duration

Due to Semity + confined to BedFracture of left femur
through the trochanter

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 1960

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Sept-27-41
 (c) Where did injury occur? fall on side of road
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on side of road
 (Specify type of place) (e) Means of injury _____

23. Signature Em. Lucas (M. D. or other)Address Hamlet, Mo Date signed 1/14/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Ross Lewis

Licensed Embalmer No. *2382*

P. O. Address *Salisbury, 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, above space should be left blank.