

S. No. 2
-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11552

ED MAR 23 1944

Registration District No. 224

Primary Registration District No. 3046

State File No. _____

Registrar's No. 1601

1. PLACE OF DEATH:

(a) County: Monteaver

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

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

(d) Length of stay: In hospital or institution: _____
In this community: thirty five year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monteaver

(c) City or town: Rural 68
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Matilda Henrietta Scott

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1944 hour 1 minute 45 12 M.

21. I hereby certify that I attended the deceased from Jan 5
1944, to March 1, 1944
that I last saw her alive on March 1, 1944
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: W 6. (a) Single, widowed, married, divorced: 1

6. (b) Name of husband or wife: Jergil Scott 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Sept 22 1928
(Month) (Day) (Year)

Immediate cause of death: Nephritis 6 months
Duration

Due to: multiple. Spinal Sclerosis 2 months

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

8. AGE: Years 55 Months 5 Days 8 If less than one day hr. _____ min. _____

9. Birthplace: _____ (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation: Housewife

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: _____

12. Name: Victor Drowot

13. Birthplace: Ill 1 (City, town, or county) (State or foreign country)

14. Maiden name: Margaret B. Drowot

15. Birthplace: Ill 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Jergil Scott
(b) Address: California Mo

17. (a) Burial (b) Date thereof: 3/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Salon Cecil

18. (a) Signature of funeral director: Milhausen & Firdmeyer

(b) Address: California Mo

19. (a) 3-2-44 (b) A. J. Allen
(Date received local registrar) (Registrar's signature)

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: med

23. Signature: Theron Latham (M. D. or other) med
Address: California Mo Date signed: 3-2-44

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-21-44

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.

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

Signed H.E. Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California 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.