

S. No. 2
M-5-42
v. 5-17-39
X32073

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17590

Registration District No. 224

Primary Registration District No. 80465796

Registrar's No. 246

1. PLACE OF DEATH:

(a) County Moniteau County
(b) City or town California Mo Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi. N.E. of California
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Six miles N.E. of California Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME THOMAS LAFFEYETT SCOTT

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

4. Sex MS 5. Color or race W 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased Mar 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 2 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Jack Scott

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

14. Maiden name Margaret Jane Williams

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

16. (a) Informant Mrs Wael Johnson
(b) Address California Mo.

17. (a) Rural (b) Date thereof 5-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Saline Baptist Ch.

18. (a) Signature of funeral director William F. Friedman
(b) Address California Mo.

19. (a) 5-8-45 (b) W. J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 3 minute A M.
21. I hereby certify that I attended the deceased from June
1942, to July 7, 1945
and that I last saw him alive on May 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis
Due to Generalized arteriosclerosis

Duration
2 years
5 years

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

Major findings:
Of operations.....
Of autopsy.....

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.....
23. Signature Samuel Nathan (M. D. or other)
Address California, Mo. Date signed 5-7-45

1312 (Licensed Embalmer's Statement on Reverse Side)

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

00

RECEIVED

District Health Officer No. 9;

District File Number.....

Date Filed 6-12-45

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 Hugh E. Sullivan

Licensed Embalmer No. 3537

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.