

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14023

State File No.

Registrar's No. 245

FILED MAY 11 1945
Registration District No. 224

Primary Registration District No. 30465796

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

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME VIRGIL ROSCOE SCOTT

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec 5th 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 4 22 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Jack Scott
13. Birthplace Dartmouth
(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. Pearl Johnson
(b) Address California Mo.

17. (a) Burial (b) Date thereof 4-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salmon Cem.

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

19. (a) 4-28-45 (b) H. G. Allee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1945 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Jan 2
1945 to April 27 1945
that I last saw him alive on April 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Generalized arteriosclerosis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
2 years
10 years

Major findings: ASD
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 Henry Latham (M. D. or other).....
Address California Mo Date signed 4-28-45

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-10-45

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. Williams*

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.