No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42777

FILED DEC 26 1947

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 402

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Flat River Mo
(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 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Flat River Mo 74
(If outside city or town limits, write "RURAL")
(d) Street No. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Mae Scott
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Robert Scott
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Sept 15th 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 14 If less than one day hr. min.

9. Birthplace near Fredericktown Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Wm White
13. Birthplace near Fredericktown Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cordelia Underwood
15. Birthplace near Fredericktown Mo (City, town, or county) (State or foreign country)

16. (a) Informant James R. Scott
(b) Address Flat River Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Underwood Cemetery Fredericktown Mo
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo.
19. (a) 12-17-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day Nov. year 1947 hour 10 minute 40 A M.
21. I hereby certify that I attended the deceased from Nov 23, 1947, to Nov 29, 1947
that I last saw her alive on 11-29-, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer Lungs & Stomach	6-8 M
Due to Cancer Left Breast	1-2 yr
Due to	

Other conditions (Include pregnancy within 3 months of death) 150
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature J. W. Zuspan DO (M.D. or other)
Address Flat River Mo Date signed 12/9/47

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4

State File Number 1242-15

Date Filed 12-23-4

NOV 2 9 1954

JAN 9 1948

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 W. A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River 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.