REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1076
Do not use this space.

89

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City K. C. Mo
Registration District No. 399
Primary Registration District No. 1002
Registered No.
(d) Street No. St. Luke Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 300 Ira N. Scott
(a) Residence, No. 3119 Bellaire St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Scott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24-1858
7. AGE YEARS 40 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Chevrolet plant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME William R. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Illinois

MOTHER
15. MAIDEN NAME Amanda Standford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs Clara Scott 3119 Bellaire
18. BURIAL, CREMATION, OR REMOVAL Rest Plains Mo DATE Jan 8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose & Henderson K. C. Mo
20. FILED Jan 8, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1938, to Jany 6th, 1939
I last saw him alive on Jan 6th, 1939. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Psoas abscess, left. Abscess Liver c̄ generalized metastatic (Meilory) abscesses through out lungs. Pathological diagnosis not complete on this date.	
Other contributory causes of importance: Appendicitis acute (May 17 38) with drainage	28

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) Eng Lilly, M. D.
(Address) 1022 Argyle Bldg. Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.