

1939 JUL 11 1939

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

21617  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1901 Registered No. 654  
(c) City St. Joseph (d) Street No. Ma. Meth Hospital 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 Lydia C. Scott  
(a) Residence, No. 2927 Sacramento St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lennie H. Scott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1860  
7. AGE YEARS 79 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) unknown Penn. 1  
13. NAME Ans. Houser 9  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9  
15. MAIDEN NAME unknown 9  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) C. H. Scott 5516 Eastfield Road, St. Joseph, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita Kan. DATE June 29th 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) ELEMAN & SON, INC. 11946 Calhoun St. Joseph Mo.  
20. FILED June 27, 1939 H. J. Westphal Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to June 27, 1939  
I last saw her alive on June 26, 1939. Death is said to have occurred on the date stated above, at 2:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Date of onset 6-26-39  
Other contributory causes of importance:  
Hypertension  
Art. Scler.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) L. N. Faison, M. D.  
(Address) St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**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 comply with the above constitutes grounds for revocation of license.)**

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