No. 2
1-13-40
-17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24600

FILED AUG 11 1941

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution STATE HOSPITAL No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mon. 3 days (Specify whether years, months or days)

In this community yes - 2 " " " "

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1814 Tracy Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? native born years.

3. (a) PRINT FULL NAME Mary Lee Scott

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Black

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unk.

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Unk. (Month) Unk. (Day) 1909 (Year)

8. AGE:	Years	Months	Days	If less than one day
Est	32	?	?	hr. min.

9. Birthplace Hope (City, town, or county) Ark. 1 (State or foreign country)

10. Usual occupation None

11. Industry or business Unk.

FATHER
12. Name Unk.
13. Birthplace Unk. (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Mo. State Hosp #2 Records

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Hosp. #. Cem

18. (a) Signature of funeral director Graves Fun-Home

(b) Address 806-S. 17th St

19. (a) July 31, 1941 (Date received local registrar) (b) A J Seattlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 1 1941, 19 to July 29, 1941; that I last saw her alive on July 29, 1941, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pelvic Peritonitis	2 wks
Due to Gonococcus	
Due to Syphilis of Circulatory System	Unk.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Pelvic Peritonitis with purulent drainage

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) No

(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

23. Signature Donald H Breit (M. D. or other) M. D.

Address Mo. State Hosp #2 Date signed 7-30-41

(Licensed Embalmer's Statement on Reverse Side)

Not - Embalmed

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.