S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27482

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3140

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4224 Walnut, K.C. Mo.
(If not in hospital or institution, write street number or location)

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

In this community: Thirty Years /

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 4224 Walnut
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: n

3. (a) PRINT FULL NAME: MISS MINNIE 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: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Mar. (Month) 10 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
77	5	7	..... hr. ..... min.

9. Birthplace: Pittsburgh (City, town, or county) Penn. / (State or foreign country)

10. Usual occupation: Nurse

11. Industry or business:

FATHER
12. Name: Hugh W. Scott
13. Birthplace: (City, town, or county) Penn. / (State or foreign country)

MOTHER
14. Maiden name: Emily Ewing
15. Birthplace: Penn. / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Margaret Edmundson
(b) Address: 1037 Waverly Ave., K.C. Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Shanon Cem. Drexel, Mo.

18. (a) Signature of funeral director: [illegible]
(b) Address: [illegible]

19. (a) 8/19/41 (Date received local registrar) (b) M. M. Crowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17-41 year ..... hour ..... minute 1 15 P.M.

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

Immediate cause of death	Duration
Hemiplegia	
Due to: Crushing Injury of Chest	
Due to: Fall	
Other conditions (Include pregnancy within 3 months of death): 1 foot	

Major findings:
Of operations: 2 1
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): Accident
(b) Date of occurrence: 8-17-41 1:25
(c) Where did injury occur? KC Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury: Fall from window

23. Signature: [illegible] (M. D. or other) 3
Address: KC Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Harlyn Roe, Registered Apprentice No. ..... working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address 15 C. Mu.

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

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