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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33932
3872

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
In this community 5 years 1 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JESSE SCOTT

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, divorced
7. Birth date of deceased June 9 1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Adersville Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Education

11. Industry or business Salesman

12. Name E. C. Deat

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Nat Benson

15. Birthplace Nat Benson Va (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vera K. Heston

(b) Address 320 N. 21st St

17. (a) Burial (b) Date thereof 10-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director J. H. Heston

(b) Address 1111 N. 21st St Kansas

19. (a) 10/16/41 (b) M. H. Crow (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th
year 1941 hour 9 minutes 25 P. M.

21. I hereby certify that I attended the deceased from Oct. 1939, 19, to Oct. 15th 1941, 19, that I last saw him alive on Oct. 15th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes mellitus with coma

Due to 61

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: None

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Amery P. Thon (M. D. or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Phil E. Seban

Licensed Embalmer No.

3135

P. O. Address

San Diego, Ca

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

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