

S. No. 2  
M-4-13-40  
Rev. 5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41002

State File No.

**REC JAN 24 1942 379**  
Registration District No.

Primary Registration District No. 1002

Registrar's No. 4680

148  
108

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

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: 4202 Walnut St.  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME: Bert O. Scofield

3. (b) If veteran, name war: No

3. (c) Social Security No: 510-05-0672

4. Sex: Male 0

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Myrtle Scofield

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: December 17 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	11	29	hr. min.

9. Birthplace: Kansas City Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Grocer

11. Industry or business:

12. Name: O. W. Scofield

13. Birthplace: Indiana 1  
(City, town, or county) (State or foreign country)

14. Maiden name: Ella Murphy  
(City, town, or county) (State or foreign country)

15. Birthplace: Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Myrtle Scofield

(b) Address: 4202 Walnut

17. (a) Burial (b) Date thereof: 12-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: J. W. Crow

(b) Address: Kansas City, Mo.

19. (a) Dec. 16 1941 (b) Dr. J. W. Crow  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048

(c) City or town: Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No.: 4202 Walnut  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 16  
year: 1941 hour: 10: minute: 15 AM.

21. I hereby certify that I attended the deceased from 7 AM 18, 1941, to Dec. 16, 1941, that I last saw him alive on Dec. 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Toxic Myocarditis 1940

Due to:

Due to:

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

Major findings: Of operations: GBA

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):

(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: J. W. Crow (M. D. or other) 12/16/41  
Address: 1212 Professional Bldg. City signed

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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 A. R. Hainschell

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

**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, fact should be so stated above.**