V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1412

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 668

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 3 hrs. (Specify whether
In this community Six years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Scott

3. (b) If veteran, name war World War I 3. (c) Social Security No. 496-01-1495

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Armatha Scott 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 14 (Day) 1893 (Year)

8. AGE: Years 48 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Lake Providence La. (City, town, or county) (State or foreign country)

10. Usual occupation Caretaker

11. Industry or business

FATHER
12. Name Albert Scott Sr.
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucille Fouts
15. Birthplace Port Gibson, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lenora Williams
(b) Address 1914 E. 10th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kansas

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St. K.C. Mo.

19. (a) 2/16/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 2-8-42
year hour minute M.

21. I hereby certify that I attended the deceased from 4:45 P. 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria Carina

Due to Acute edema of the train

Due to 83a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Not known
(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 [signature] (M. D. or other)
Address K.C. Mo. Date signed

561

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1942

APR 7 1942

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 E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1212 Nine St. K.C. 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.