

FILED APR 10 1948

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(c) Name of hospital or institution: Excelsior Springs Hospital  
(d) Length of stay: In hospital or institution 30 yrs.  
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay  
(c) City or town Excelsior Springs  
(d) Street No. 220 Bluff St.  
(e) Citizen of foreign country? ✓

3. (a) PRINT FULL NAME KATIE CLYDE SCHOLAR

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased. Feb. 11 - 1865

8. AGE: Years 77 Months 21 If less than one day hr. min.

9. Birthplace Seneca Co., Ohio

10. Usual occupation Rooming house owner

11. Industry or business

12. Name Joshua Estep

13. Birthplace Wetmore, Maryland

14. Maiden name Joshua Wells

15. Birthplace Wetmore, England

16. (a) Informant Jamie B. Williams

(b) Address Horton, Kansas

17. (a) Burial (b) Date thereof Mar. 4, 1948

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Hubert Cooper

(b) Address Excelsior Springs, Mo.

19. (a) 3-3-48 (b) Mr. G. A. Redman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1948 hour 4 minute 12 p. M.

21. I hereby certify that I attended the deceased from March 12 - 1948 to March 2 - 1948 and that death occurred on the date and hour stated above.

Immediate cause of death acute congestive heart failure

Due to arterio-sclerosis and coronary disease - hypertensive

Other conditions shortly

Major findings: Of operations none

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? .....

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

23. Signature Robert Dawson (M. D. or other) .....

Address Excelsior Springs, Mo. Date signed 3-3-48

Duration few hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-9-42

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

*Scottie A. Adamsmith*

Licensed Embalmer No. 3597

P. O. Address

*Exeter Springs 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.