

FILED JUN 18 1942  
Registration District No. 85

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1005 South 12th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Thirty years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1005 South 12th Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John William Scott

3. (b) If veteran, name war  
3. (c) Social Security No. NONE

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Bessie R. Scott  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased April 3 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 0  
If less than one day hr. min.

9. Birthplace Chillicothe, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business

12. Name Cordell Scott  
13. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Snyder  
15. Birthplace Unknown Nebraska  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Belle Scott  
(b) Address 1005 South 12th Street  
17. (a) Burial (b) Date thereof May 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director Mr. E.R. Sidenfaden Home  
(b) Address 602 South 10th Street

19. (a) 5-5-42 (b) R. C. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd  
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from April 4 1942 to May 2 1942  
that I last saw him alive on May 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Duration 28 Days

Due to: arteriosclerosis  
39 Days

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)  
(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 of physician Charles B. Kemmer  
Address 221 Kirkpatrick Bldg. 5-4-42

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

MOTHER FATHER

**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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

P. O. Address *Saint Joseph, Missouri*

**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.**