No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20435

State File No.

JUN 27 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2371

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: K.C. General Hospital No. 1 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 11 days (Specify whether years, months or days)

In this community 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 118½ Independence Avenue 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) O

If yes, name country

3. (a) PRINT FULL NAME CHARLES E. SCOTT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex W O

5. Color or race Wh

6. (a) Single, widowed, married, divorced Md

6. (b) Name of husband or wife Mamie Scott

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

7. Birth date of deceased Dec (Month) 24 (Day) 1866 (Year)

8. AGE: Years 75 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired Building Con.

11. Industry or business

MOTHER FATHER

12. Name Thomas Scott 9

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

14. Maiden name Mary E. Hahn

15. Birthplace Nova Scotia (City, town, or county) (State or foreign country)

16. (a) Informant Mary Ellen Atkins

(b) Address 3219 Jackson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-42 (Month) (Day) (Year)

(c) Place: burial or cremation MV Washington

18. (a) Signature of funeral director Mo E. Forster

(b) Address 918 Brooklyn KCMo

19. (a) 6-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-7-42, 19..., to 6-18-42, 19...; that I last saw him alive on 6-18-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of feet	
Due to: Arteriosclerosis	9 M
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature Mary R. Thorn (M. D. or other)

Address Med. Dir. K.C. General Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. H. Wise

Licensed Embalmer No. 2590.

P. O. Address KC Mo

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

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