

FILED DEC 18 1942
Registration District No. 149

Primary Registration District No. 1002

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

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 55 years (Specify whether years, months or days)
In this community 11-23-42-12-1-42

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1907 E. 24
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY SCOTT
(b) If veteran, name war None
(c) Social Security No. 513-14-1420

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 1
year 1942 hour 11 minute 10 a.m.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Cornelia Scott
(c) Age of husband or wife if alive years
7. Birth date of deceased October 4 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 23 1942 to December 1 1942
that I last saw him alive on December 1 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Unknown Duration

8. AGE: Years 59 Months 1 Days 27 If less than one day hr. min.
9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Unemployed

Due to Indirect Reducible Inguinal Hernia rt. (post operative 4 days)
Other conditions 12/2/42
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business Record Clerk
12. Name Sylvester Scott
13. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Harriett Hutchinson
15. Birthplace East St. Louis Missouri
(City, town, or county) (State or foreign country)

Major findings: Large Hernial Sac
Of operations Large Hernial Sac
Of autopsy Large Hernial Sac
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) burial (b) Date thereof 12/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Hartkins Bros.
(b) Address 1729 Lydia
19. (a) 12-4-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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? at home (e) Means of injury _____
23. Signature [Signature] (M. or other) _____
Address Gen. Hosp 2-601 E 22 Date signed 12-2-42

FEB 1 1943

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 Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.