

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether)

In this community 14 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lay 24

(c) City or town North R.C. Mo. 0
(If outside city or town limits, write "RURAL.")

(d) Street No. Rfd. # 10
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claire Elaine Scurlock

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1/14/43 to 1/20, 1943
that I last saw her alive on 1/19, 1943
and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race Wh.

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

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

7. Birth date of deceased: Aug - 14 1928
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia Duration 3 days

Due to 92 B

Due to _____

8. AGE: Years 14 Months 5 Days 6 If less than one day _____ hr. _____ min.

Other conditions Rheumatic heart disease 6 yrs
(Include pregnancy within 3 months of death)

Mitral stenosis & aortic insufficiency PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation School Girl

11. Industry or business _____

12. Name Ellsworth Scurlock

13. Birthplace no. (City, town, or county) (State or foreign country)

14. Maiden name Victoria Rehars (State or foreign country)

15. Birthplace no. (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Joseph K. Davidson
(b) Address Route 10 North K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn K.C., Mo.

19. (a) 1-22-43 (Date received local registrar) (b) M. M. Oswe (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? _____

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

23. Signature Joe E. Walker (M. D. or other) MD
Address 836 Prof. Bldg. Date signed 1/21/43

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

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. N. Wise
Licensed Embalmer No. 2570
P. O. Address Kansas City, 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.