V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5481

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 818

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: 1202 Tracy /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1202 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Della Scott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race 3 Col

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased September 12, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	4	29	hr. min.

9. Birthplace Leavenworth (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace ..... (City, town, or county) Kansas / (State or foreign country)

MOTHER
14. Maiden name Anna Lamb
15. Birthplace ..... (City, town, or county) Arkansas / (State or foreign country)

16. (a) Informant Anna Smith
(b) Address 1202 Tracy

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 2-16-43 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1943 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from Feb. 6 - 1943, to Feb - 11 - 1943;
that I last saw h— alive on Feb. 11 - 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	
Due to 61	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy no -	

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

23. Signature L. W. Booker (M. D. or other)
Address 2028 Vine St. Date signed 2/13/43

(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.....

....., 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.