V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9284

FILED MAR 31 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1261

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: 3906 E.16th.St / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community Eight Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 5 0
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3906 E.16th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thelma Scott
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0 infant
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 12 (Day) 1943 (Year)
8. AGE: Years | Months | Days 8 | If less than one day ..... hr. ..... min.
9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation infant
11. Industry or business .....
FATHER 12. Name Charles Scott
FATHER 13. Birthplace Rosedale Kansas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Thelma Anthony
MOTHER 15. Birthplace Kansas City (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Charles Scott
(b) Address 3906 E.16th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director West Appleton Jones
(b) Address 1905 Vine St
19. (a) 3-25-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 5 minute 50 P.M.
21. I hereby certify that I attended the deceased from March 12 1943 to March 20 1943 that I last saw her alive on March 20 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Insufficiency	18 hrs
Due to Premature birth	
Due to Hereditary Syphilis	
Other conditions (Include pregnancy within 3 months of death) 3 of	
Major findings: Of operations	
Of autopsy	

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 M. H. Leeler M.D. (M. D. or other)
Address 1701 Jackson Ave Date signed 3/23-43

(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 C. H. West

Licensed Embalmer No. 7710

P. O. Address Kansas City

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.