

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas, (b) County Doniphan 14

(c) City or town highland,
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Walter Byron Scott

3. (b) If veteran, name war Unknown, 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith P. Scott 6. (c) Age of husband or wife if alive Unl. years

7. Birth date of deceased April 12th. 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 10 24 hr. min.

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

10. Usual occupation Conductor

11. Industry or business Union Pacific Ry. Co.

12. Name Lemuel J. Scott

13. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth A. Johnson

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

16. (a) Informant Roy A. Hall

(b) Address Highland, Kansas

17. (a) Removal (b) Date thereof 3/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Kansas

18. (a) Signature of funeral director Walter A. Bowman, Funeral

(b) Address 319 So. 10th Street, Home

19. (a) 3-7-43 (b) Rose Hazy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6th year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 7th 1943 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of left femoral artery, profuse hemorrhage and fatal shock Duration 1 day

Due to 107

Other conditions (Include pregnancy within 3 months of death) Man said to have been cut while attracting his wife while he was intoxicated, and was cut with a kitchen knife

Major findings: Of operations Of autopsy NOE on the left thigh

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Mar 6th 1943

(c) Where did injury occur? Highland Doniphan Kan
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury Knife wound

23. Signature N. F. Mundy (M. D. or other) owner

Address 404 So 3d st Date signed 3/7/43

WRITE PLAINLY—USE UNFADING 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 3/6/43, Registered Apprentice No. ✓
working under my personal supervision.

Signed Frank A. Conway
Licensed Embalmer No. 1710
P. O. Address St. Joseph, 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.