

S. No. 2
M-5-42
5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13403

State File No.

Registrar's No.

FILED MAY 5 1943/49

Registration District No.

Primary Registration District No. 1062

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 20 Years
years, months or days)

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. 2401 E. 69th Terr.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ARTHUR W. SCOLES
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 486-26-3136

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 13
year 1943 hour 7:50 minute P. M.
21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ollie
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 15, 1893
(Month) (Day) (Year)

that I last saw h..... ally.....
and that death occurred on the same day stated above.
Immediate cause of death Fracture of the skull
Duration

8. AGE: Years Months Days If less than one day
49 8 28 ..hr.min.

Due to Fall from scaffold
Due to 1862
Other conditions (Include pregnancy within 3 months of death)
Whitney

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

10. Usual occupation Painter

11. Industry or business Long Turner Const. Co. Pratt

MOTHER FATHER { 12. Name Albert Scoles

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

14. Maiden name Emma Barnes

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

16. (a) Informant Ollie Scoles
(b) Address 2401 E. 69th Terr.

17. (a) Burial (b) Date thereof April 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C/ H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 4-14-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy See above
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) Accident 12-3
(b) Date of occurrence 4/19/43
(c) Where did injury occur? Kansas City, Mo. Jackson, Co.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Prox. Whitney property fall from scaffold.
While at work? yes (Specify type of injury) (e) Means of injury scaffold.
23. Signature M. M. Brown (M. D. or other) 3
Address K.C. Mo. Date signed 4/14/43

AUG 20 1943

MAY 5 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..... *C. H. Blackman*

Licensed Embalmer No. *2244*

P. O. Address.....

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.