

LED MAY 5 1943 49

Registration District No.

Primary Registration District No. 1002

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:  
De Lora Convalescent Home 4622 Benton Blvd  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month  
(Specify whether \_\_\_\_\_)

In this community 35 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. 703 Belmont Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Hattie Scrom

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th  
year 1943 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 16  
1943, to April 17, 1943  
that I last saw him alive on April 17, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Smart Scrom

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

7. Birth date of deceased May 28 1858  
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration 24 hours

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

84	10	20	hr. min.
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9. Birthplace Central Bridge New York  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Alden Minor

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

14. Maiden name Ruby Ann Casey

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

16. (a) Informant Mrs. Florence Campbell

(b) Address 5332 Park

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof April 19th, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Central Bridge, New York

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 4-19-43 (Date received local registrar)

(b) M. M. Crowe (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 [Signature] (M. D. or other)

Address [Signature] Date signed 4/17-43

2-5  
707 Matthews Blg

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**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..... *A. H. Newcomb*

Licensed Embalmer No. 4043

P. O. Address. K. C. 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.**