

ED. JUL 13 1943  
Registration District No. 149

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 824 1/2 E. 8th St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 mo. - 19 da (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME James R. Scott

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 5. Color or race negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan. 9, 1943  
(Month) (Day) (Year)

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

5 17 9 hr. min.

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

10. Usual occupation None

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

MOTHER FATHER

12. Name James R. Miller

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

14. Maiden name Beda Scott

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

16. (a) Informant Beda Scott

(b) Address 724 Campbell

17. (a) Burial (b) Date thereof 7-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. H. Miller

(b) Address 1212 Vine - Kansas City, Mo.

19. (a) 7-1-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 824 1/2 E. 8th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1943 hour 7:35 minute P. M.

21. I hereby certify that I obtained the deceased from Deputy Coroner, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to 107

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

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

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

Of autopsy Imp - History

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature D. T. Richardson (M: D. or other)

Address 1837 Vine Date signed 6-29-43

**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..... *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address. *1212 Vine St. KC.*

**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.