

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Rural, Madison Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural Route, Kingsville, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community one week years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Johnson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1260 Pacific St.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

3. (a) PRINT FULL NAME Barbara June Scott
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex female 5. Color or race cauc 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years
 7. Birth date of deceased January 20, 1933
(Month) (Day) (Year)

8. AGE: Years 10 Months 4 Days 26
 If less than one day hr. min.

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

10. Usual occupation student

11. Industry or business XXXX

MOTHER FATHER { 12. Name Max L. Scott
 13. Birthplace Kansas City, Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Pauline Albert
 15. Birthplace Lawson, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Max L. Scott
 (b) Address 1260 Pacific, K.C. Kansas

17. (a) re. oval (b) Date thereof June 17, '43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Canada and Roup

(b) Address Holden, Missouri

19. (a) 6-19-43 (b) Mr. Frank Morrier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day June
 year 1943 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from did not
attend to 19;
 that I last saw her dead on June 16, 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death drowning
 Due to accidentally stepping into deep water

Due to _____
 Other conditions 183-3
(Include pregnancy within 3 months of death)

Major findings: 36
 Of operations _____
 Of autopsy _____

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) accident 651

(b) Date of occurrence June 16, 1943

(c) Where did injury occur? Rural Route, Kingsville, Mo.
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward Anderson (Name of embalmer)
 Address Alden Date signed 6-17-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-8-43

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.....

Theris Canaday

Licensed Embalmer No.....

3434

P. O. Address.....

Holden, 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.