

FILED SEP 21 1943
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **3768**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital**
(d) Length of stay: In hospital or institution **3 days**
In this community **3 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Route #2**
(e) Citizen of foreign country? (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **MARVENE SCOTT**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 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 **March 17-1930**

8. AGE: Years **13** Months **5** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Midvale, Caldwell Co. Mo**

10. Usual occupation **School girl**

11. Industry or business

12. Name **Marvin Scott**
13. Birthplace **Kingston, Mo**
14. Maiden name **Aranell Upchurch**
15. Birthplace **Midvale, Mo**

16. (a) Informant **Marvin Scott**

(b) Address **Rt 2, Liberty, Mo**

17. (a) **Burial** (b) Date thereof **Sept 2-1943**

(c) Place: burial or cremation **Midvale near Kingston Mo**

18. (a) Signature of funeral director **Chas. Archer Co**

(b) Address **Liberty, Mo**

19. (a) **8-31-43** (b) **P. E. Brown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **30** year **1943** hour **2:45** minute **PM**

21. I hereby certify that I attended the deceased from **Aug 23** 19**43** to **August 30** 19**43**
that I last saw her alive on **Aug 30** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Poliomyelitis Bulbar Type**

Due to _____
Due to **36**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 **C**

23. Signature **Evered** (M. D. or other) _____
Address **Liberty, Mo** Date signed **8/31/43**

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address

Liberty, 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.