

FILED NOV 1 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:
512 West 33rd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **37 Years**
(Specify whether 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. **512 West 33rd Street**
(If rural, give location)
 (e) Citizen of foreign country? **Yes** (Yes or No)
 If yes, name country **-Denmark**

3. (a) PRINT FULL NAME **Mr. Andrew J. Scow**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **October** day **12th**
 year **1943** hour **10** minute **45 A.** M.

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Betty M. Scow**
 6. (c) Age of husband or wife if alive **85** years
 7. Birth date of deceased **March 2 1852**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 8** 19**43** to **Oct 12** 19**43**
 that I last saw him alive on **Oct 12** 19**43**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
91 7 10 hr. min.

Immediate cause of death **Coronary Thromboses**
 Due to **g/a**
 Due to **22nd**
 Other conditions (Include pregnancy within 3 months of death) **none**

9. Birthplace **Copenhagen Denmark**
(City, town, or county) (State or foreign country)
 10. Usual occupation **R. R. Conductor - Retired**

PHYSICIAN
 Major findings: Of operations **none**
 Of autopsy **none**
 Underline the cause to which death should be charged statistically.

11. Industry or business **Missouri Pacific R. R.**
 12. Name **Unknown Scow**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Betty Scow**
 (b) Address **512 West 33rd Street**
 17. (a) **Cremation** (b) Date thereof **Oct. 15, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: **D. W. Newcomer's Sons**
 18. (a) Signature of funeral director **D. W. Newcomer**
 (b) Address **1401 Brush Creek Blvd.**
 19. (a) **10-14-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **no**
 (b) Date of occurrence **no**
 (c) Where did injury occur? **no**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? **no** (Specify type of place)
 (e) Means of injury **no**
 23. Signature **J. E. Brown** (M.D. or other)
 Address **10-14-43** Date signed **Oct 13-1943**

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 *H. O. Purdom*
Licensed Embalmer No. *4045*
P. O. Address *H. O. Purdom*

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.