

S. No. 2  
DM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37485

State File No. \_\_\_\_\_

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4958

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:  
615 West 13th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 6 Months (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. 615 West 13th Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SCOTT SCARBRO

3. (b) If veteran, name war No 3. (c) Social Security No. 964-09-1897

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Mable Scarbro 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug 14 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 3 6 hr. min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business No. American Bomber Plan

12. Name Toney Hill Scarbro

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

14. Maiden name Annie Van Zandt

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

16. (a) Informant Mrs Bertha Scarbro

(b) Address 615 West 13th Street

17. (a) Removal (b) Date thereof 11-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Paso Texas

18. (a) Signature of funeral director Quirk and Dolin Co.

(b) Address 20 West Linwood, K.C., Mo.

19. (a) 11-23-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th hour 7:20 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
Deputy Coroner

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic Myocardial Infarction  
Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death) 940

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

Of autopsy See Above  
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) (a) Means of injury \_\_\_\_\_

23. Signature A. E. Upsher (M. D. or other) \_\_\_\_\_

Address 22 N. City Date signed 11/20/43

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

MOTHER FATHER

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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..... *Charles M. Quirk* .....

Licensed Embalmer No..... *3774* .....

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.**