

FILED DEC 22 1943

Registration District No. 1002

Primary Registration District No. 1002

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:
St. Vincents Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo.
(Specify whether years, months or days)

In this community 3 mo.

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. 9000 East 67th
(If rural, give location)

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

3. (a) PRIMARY ANN SCROGGINS
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Nov
year 1943 hour 4:15 minute A M.

21. I hereby certify that I attended the deceased from birth
to death
that I last saw her alive on Nov 15
and that death occurred on the date and hour stated above.

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 AUG 24 1943
(Month) (Day) (Year)

Immediate cause of death Illness
Myeloma Indolent

Due to _____

Due to gta

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

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

3 4 _____ hr. _____ min.

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

10. Usual occupation Infant

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? _____

MOTHER FATHER

11. Industry or business _____

12. Name Mack Scroggins

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

14. Maiden name Euna Robinson

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Esther Hughes
(M. D. or other)

Address 301 W 42, K.C. Mo. Date signed 1/29/44

16. (a) Informant Mack Scroggins

(b) Address 9000 East 67th St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Nov 29 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 20 West Linwood

19. (a) 11-29-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

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

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..... *Harold Roe*
Licensed Embalmer No. *2816*
P. O. Address..... *A. L. 7ms*

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.