

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hospital  
(If not in hospital or institution, write street/number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Wyandotten

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2313 South 8th St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Edmund Scott

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12<sup>th</sup> year 1944 hour 8 minute 30 A.M.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years 24 1883 (Day) (Year)

7. Birth date of deceased July (Month)

21. I hereby certify that I attended the deceased from Feb 7, 1944 to Feb 12, 1944 that I last saw him alive on Feb 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia tuberculosis

Duration

8. AGE: Years 60 Months 6 Days 20 If less than one day hr. min.

Due to

Due to

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

10. Usual occupation Land seaper

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name James M. Scott

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

14. Maiden name Althea Fordyce

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

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

16. (a) Informant Mrs. Lou Barksdale

(b) Address Rental Independence, Mo.

17. (a) Burial (b) Date thereof Feb. 18 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) Feb. 15, 1944 (b) F. M. Schick  
(Date received local registrar) (Registrar's signature)

23. Signature F. W. Tuttle (M. D. or other) MD

Address Blue Springs Mo Date signed 3/12/44

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

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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

*Dean Owens*

Licensed Embalmer No.

*4280*

P. O. Address

*Indep., 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.**