

FILED JUL 24 1944

Registration District No. 149 Primary Registration District No. 1602

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. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 51  
(c) City or town HOLDEN  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME MR. CLAUD W. SCOTT

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ruth Scott 6. (c) Age of husband or wife if alive 115 years  
7. Birth date of deceased Dec 15 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 27 hr. min.

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

10. Usual occupation furniture Dealer

11. Industry or business owner

12. Name Val SCOTT

13. Birthplace Copper County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Hill

15. Birthplace Copper County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H Scott

(b) Address 1023 W 20th

17. (a) Burial (b) Date thereof July 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Mo.

18. (a) Signature of funeral director W. H. Newcome's Son

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 7-14-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June 13 1944  
July 12 1944 to 19 1944  
that I last saw him alive on July 11  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Arterial Hypertension

Due to Carcinoma of Rt lung

Other conditions (Include pregnancy within 3 months of death)

Major findings: 47 d  
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?

(Specify type of place)  
While at work? (e) Means of injury  
23. Signature A. B. Wallace (M. D. or other)  
Address 703 Lathrop Bldg Date signed 7-12-44

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

MOTHER FATHER

12:30.5  
703 Parkway Bldg.  
10th + 11th

**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 K. C. Newcomer Jr

Licensed Embalmer No. 4045

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.**