S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29888

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4103

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: 4134 Mill Creek Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4134 Mill Creek Parkway 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MINNIE L. SCOTT

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wesley S. Scott
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 5th (Day) 1867 (Year)

8. AGE: Years 78 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Charlottesville (City, town, or county) Virginia (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Christopher C. Wood
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie M. Austin
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Lionel J. Scott
(b) Address 4134 Mill Creek Parkway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ 6/ 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Houstonia, Missouri
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street
19. (a) 10-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th year 1945 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 1932, 19..., to Oct 4, 1945 that I last saw her alive on Oct 3, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	5 day
Coronary Sclerosis	
Due to General arterial	several
Due to Sclerosis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 a	
Of autopsy	

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. L. Gillis (M. D. or other)
Address 1414 Prof Bldg Date signed 10/5/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1957

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 Walter H. Ervin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.