

FILED MAR 27 1946

Registration District No. 129

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:
1305 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 33 years
years, months or days)

3. (a) PRINT FULL NAME William Scott

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Lillie Scott 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 25 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Memphis, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jack Scott

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

14. Maiden name Hattie

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

16. (a) Informant Luther Scott

(b) Address Witchata Kansas

17. (a) Burial (b) Date thereof 3/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Walter L. ...
(b) Address 1729 Lydia

19. (a) 3-12-46 (b) Bernadine Holmes
(Date received local registrar) (Registrar's signature)

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. 1305 Wabash 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day March
year 1946 hour 5 minute A M.

21. I hereby certify that I attended the deceased from March 8th 1946 to March 11th 1946
that I last saw him alive on March 8th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
apoplexy Duration 3 hrs.

Due to hypertension 47/45

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____
Of autopsy None

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? _____

While at work? (Specify type of place) (e) Means of injury 87

23. Signature Walter L. ... Date signed 3/13/46
Address 1612 ...

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

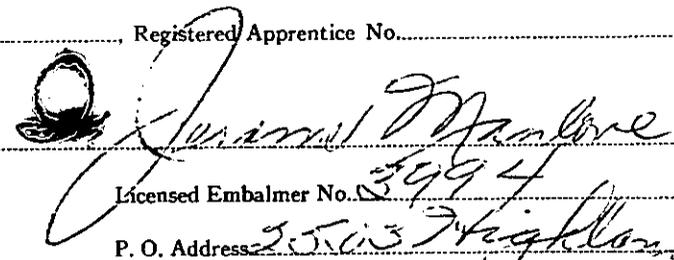
8591

Am. St. ...

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 .....
Licensed Embalmer No. 3994
P. O. Address 25013 Highland

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.