

S. No. 2
DM-2-43
v. 5-17-39
X3599

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16835

State File No. _____
Registrar's No. 2035

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH: **Jackson**
(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: 4826 Roanoke Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community 37 years
years, months or days)

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. 4826 Roanoke Parkway
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Sarah Denton Scott
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 2
year 1946 hour 6:45 minute A. M.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Samuel W. Scott
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased April 5 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 8, 1945 to May 2, 1946
that I last saw her alive on May 2, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 10 Days 27
If less than one day hr. min.

Immediate cause of death: Myocardial Infarction (Coronary Artery Disease) 7 days
Chronic Failure (Coronary) 2 days
Due to Paralytic Agitation 5 yrs
Post Cerebralitic 5-6 yrs
Due to Degeneration
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation at home

11. Industry or business X
12. Name Col. William L. Denton
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Elena
15. Birthplace California
(City, town, or county) (State or foreign country)

Major findings: 3.7 to
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Gilbert Jaccard
(b) Address 4826 Roanoke Parkway; K. C., Mo.

17. (a) Retained (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stone Mc Chure Vault

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-3-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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
23. Signature Thomas Green (M. D. or other)
Address 1010 Poplar Hwy. R. O. Mo. Date signed 5/2/46

Dr. Heller:

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 E. M. Plaut

Licensed Embalmer No. 1848

P. O. Address 70. 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.