S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23799

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3037

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 7-7-46 (Specify whether years, months or days)
In this community 9 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 7431 Wornall Road
(If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Rev. Charles B. Scovil

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: unknown

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: November 10 1886 (Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 29 If less than one day hr. min.

9. Birthplace: New York
(City, town, or county) (State or foreign country)

10. Usual occupation: Minister

11. Industry or business: x

MOTHER FATHER

12. Name: Samuel John Scovil

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

14. Maiden name: Eliza Adeline Barker

15. Birthplace: New York
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Charles Karsten

(b) Address: Long Island N. York

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 7-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Jamaica, Long Island, N.Y.

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1946 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1946 to July 9, 1946, that I last saw him alive on July 8, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	2 days
Due to: Coronary Sclerosis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 940	
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: H. L. Boughton M. D. (M. D. or other)

Address: R. 2 Mo. Date signed: 7/9/46

(Licensed Embalmer's Statement on Reverse Side)

Please Mail

Dr. Boughnow

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 J. Colan Shippard

Licensed Embalmer No. 4179

P. O. Address P. C. Miss.

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.