

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27351

State File No.

FILED SEP 3 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3611

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
years, months or days) 27 years

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. 1721 Lydia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GARNEY SCOTT

3. (b) If veteran, name war No

3. (c) Social Security No. unhy

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, divorced, Married

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

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

7. Birth date of deceased June 7, 1916
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>7</u>	<u>2</u>	<u>10</u> hr. min.

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

10. Usual occupation Common Labor

11. Industry or business Ice Dealer

12. Name Charlie Scott

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

14. Maiden name Marie Sansford

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

16. (a) Informant Marie Scott, Mother

(b) Address 1721 Lydia

17. (a) Burial (b) Date thereof 8/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixie Home

18. (a) Signature of funeral director Walter Shaw

(b) Address 1729 Lydia Ave No. 2, Mo

19. (a) 8-20-46 (b) B. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1946 hour 7 minute 15 p. M.

21. I hereby certify that I attended the deceased from August 14, 1946, to August 17, 1946,
that I last saw him alive on August 17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho Pneumonia
Alcoholic Psychosis (clinical)

Due to.....
Due to.....

Other conditions Fatty Metamorphosis of Liver
(Include pregnancy within 3 months of death)

Acute and Chronic Cerebral Edema

Major findings:
Of operations.....
Of autopsy..... Same

Duration.....
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..... Means of injury.....

23. Signature Frank Lewis (M. D. or other) M.D.

Address 600 East 22nd St. Date signed 8/17/46

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

26751

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.....

A. Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland R.C.

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.