

No. 2
-12-45
-17-39
X47070

FILED NOV 12 1946
Registration District No. **127**

Primary Registration District No. **1002**

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

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 #20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **15 Months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rhoda Scott**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Elijah Scott**

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

7. Birth date of deceased **April 9, 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 **6** **19** hr. min.

9. Birthplace **Dixie, Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundress**

11. Industry or business _____

12. Name **William Jackson**

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

14. Maiden name **Violet Phillips**

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

16. (a) Informant **Ruby McCree**

(b) Address **1308 Forest Avenue**

17. (a) **Removal** (b) Date thereof **10/30/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Plaindealer, Louisiana**

18. (a) Signature of funeral director **Walter Brown**

(b) Address **1739 Lydia Avenue**

19. (a) **10-30-46** (b) **R. S. Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Jackson Mo.** (b) County **Jackson**

(c) City or town **1308 Forest**
(If outside city or town limits, write "RURAL.")

(d) Street No. **Kansas City**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **28**
year **1946** hour **1** minute **10-A.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **Coroner** 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **fracture of Right Occipital at Base of Skull**

Other conditions **Auto-trauma**
(Include pregnancy within 3 months of death)

Major findings: **Car + pedestrian**

Of operations _____

Of autopsy **Same as above**

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) **Accident 123**

(b) Date of occurrence **10-27-46**

(c) Where did injury occur? **R.C. Jackson - Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In Street - at 1203-E-18²**
(Specify type of place)

While at work? _____ (e) Means of injury **Auto from Deputy Coroner**

23. Signature **W. S. Williams** (M. D. or other) _____
Address **2636 Brooklyn** Date signed _____

48
11
20

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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. Jerome Minlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 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.