

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1640

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Aunt Mary's Convalescent Home 2500 & 10
(d) Length of stay: In hospital or institution 2 weeks
In this community 43 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 1437 Bellevue 8
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Charles E. Scott

3. (b) If veteran, name war: none
3. (c) Social Security No. 70

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Emma C. Scott
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May-18-1868

8. AGE: 78 Years 10 Months 20 Days If less than one day hr. min.

9. Birthplace: Guernsey, Iowa

10. Usual occupation: Retired R.R.

11. Industry or business: Rock Island

12. Name: Frank Scott

13. Birthplace: Michigan

14. Maiden name: Virginia Perry

15. Birthplace: Unknown

16. (a) Informant: Mrs. Emma K. Scott

(b) Address: 1437 Bellevue

17. (a) Burial (b) Date thereof: April-11-47

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: A.P. Doshler

(b) Address: 1415 East 15
19. (a) 4-10-47 (Date received local registrar) (b) Sheldine Holman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day -8- year 1947 hour minute M.

21. I hereby certify that I attended the deceased from June 1945 to April 8 1947 and that death occurred on the date and hour stated above:

Immediate cause of death: Cerebral Hemorrhage 2 hrs

Due to: Hypertension 10 yrs

Due to: Senility 10 yrs

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

Major findings: Of operations: none Of autopsy: none

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?
(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: W. Casebolt, M.D. Address: 4000 Baltimore St. City, Mo. 64111

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

MOTHER FATHER

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.....

H. P. Doehler

Licensed Embalmer No.....

1166

P. O. Address.....

1415 East 15

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.