

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17601
2250

State File No. _____
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day specify whether
In this community 64 Years
years, months or days

3. (a) PRINT FULL NAME Frank Scott
3. (b) If veteran, name war No
3. (c) Social Security No. Unk.

4. Sex Male 2 | 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 9, 1882
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
64 7 9 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William Scott
13. Birthplace Nashville, Tennessee
14. Maiden name Mary Rhinehart
15. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant William Scott Jr.

(b) Address 1414 Highland

17. (a) Burial (b) Date thereof 5/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address 1729 ...

19. (a) 5-22-47 (b) St. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Highland Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18
year 1947 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 19
Deputy 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 Duration
Due to Skull fracture
Due to Multiple fractures
Auto + pedestrian
Other conditions Internal injuries
(Include pregnancy within 3 months of death)
Auto-trauma

Major findings: Of operations _____
Of autopsy Same as above 1706 21
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) Accident 123

(b) Date of occurrence 5-17-47

(c) Where did injury occur? N. E. ...
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
As Street - S.W. Blvd + Washington
While at work? No (Specify type of place) (e) Means of injury Auto-Trauma

23. Signature W. Williams (M. D. or other) Dr.
Address 2636 ... Date signed 5-22-47

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

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 Manlove

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.