

No. 2
1-5-43
5-17-39
I X36571

FILED JUN 17 1947

State File No. _____

Registration District No. 72

Primary Registration District No. 6292

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Rural Platte Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 1/2 miles South of Smithville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community lifetime

3. (a) PRINT FULL NAME Rosa Scott

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife James R. Scott

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

7. Birth date of deceased November 11 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>7</u>	<u>1</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business At Home

12. Name Martin J. Aker

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

14. Maiden name Ann Rollins

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

16. (a) Informant Miss Catherine Scott

(b) Address Smithville, Mo. RFD

17. (a) Burial (b) Date thereof 6/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Second Creek Cemetery

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Missouri

19. (a) June 17 - 47 (b) Beulah Kitchener
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Rural Platte Township
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 miles south of Smithville
(If rural, give location)

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

If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1947 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 10
1947 to June 12 1947
that I last saw her alive on June 12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Cardiac degeneration
myocardial

Due to arterio sclerosis

Due to _____

Other conditions None
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____
(City or town) (County) (State)

(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 [Signature] (M. D. or other) _____
Address Smithville Date signed 6-13-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-16-47

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 *****

Donald W. Hanks

, Registered Apprentice No. 425

working under my personal supervision.

Signed

Oliver J. Boggs Jr.

Licensed Embalmer No. 3940

P. O. Address... Smithville, Missouri

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.