

Registration District No. **72** Primary Registration District No. **4-289**

1. PLACE OF DEATH:  
(a) County **Clay**  
(b) City or town **Vooming Acres N.K.C.**  
(c) Name of hospital or institution:  
**Pond on William Volker Farm**  
(d) Length of stay: In hospital or institution **XXXXX**  
**Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **819 N. Prospect**  
(e) Citizen of foreign country? **No**  
If yes, name country **XXX**

3. (a) PRINT **William Lee Scott**  
FULL NAME  
(b) If veteran, **No.** (c) Social Security  
name war **No.** No. **noa**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **9<sup>th</sup>**  
year **1947** hour **8:00** minute **0** M.  
21. I hereby certify that I attended the deceased from  
that I last saw **him** on **June 9, 1947**  
and the death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
(b) Name of husband or wife **XX** (c) Age of husband or wife if  
alive **XXX** years

Immediate cause of death **Drowning**  
**accidentally in a pond**  
**on Volker farm**  
Due to **coroner**  
Other conditions (include pregnancy within 3 months of death)  
Major findings: **coroner**  
Of operations **coroner**  
Of autopsy **coroner**

7. Birth date of deceased **July 6 1933**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**13 11 3 XX hr. XX min.**

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **School**  
11. Industry or business **Kansas City**  
12. Name **Edward Lee Scott**  
13. Birthplace **Melborn Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ada Bruce**  
15. Birthplace **Smithville Missouri**  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
16. (a) Informant **Mr. Edw. Lee Scott**  
(b) Address **819 N. Prospect Kansas City**  
17. (a) **Burial** (b) Date thereof **6/11/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oddfellow Cem. Smithville**  
18. (a) Signature of funeral director **Morton-Smith's F. H.**  
(b) Address **832 Armour Rd North Kansas City**  
19. (a) **June 11-1947** (b) **Beulah Kitchner**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Drowning Accident**  
(b) Date of occurrence **6-9-47**  
(c) Where did injury occur? **Vooming Acres Clay Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
**Volker Farm Pond**  
While at work? **coroner** (c) Means of injury **coroner**  
23. Signature **R.W. Tracher** (M. D. or other)  
Address **Gallop's Springs** Date signed **6-9-47**

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

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

*Chester L. Fleming*

Registered Apprentice No. *447*

working under my personal supervision.

Signed *Frederic O. Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

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.