

FILED DEC 9 1947 49

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4995

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 #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 hrs. 25 min.
(Specify whether years, months or days)

In this community 30 years

3. (a) PRINT FULL NAME ARMATHA LOVE SCOTT

3. (b) If veteran, name war no.

3. (c) Social Security No. 720

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced. WIDOW

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased NOVEMBER 8 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>0</u>	<u>19</u>	hr. min.

9. Birthplace LITTLE ROCK ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

MOTHER FATHER

12. Name DANIEL LOVE

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

14. Maiden name JANE

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

16. (a) Informant SISTER: GERTRUDE BLACK

(b) Address 3023 Jarboe

17. (a) Burial (b) Date thereof 11-29-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. S.W.

19. (a) 11-28-47 (b) B. Waldine Holmes
(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") 7

(d) Street No. 1914 East 10th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 27
year 1947 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from November 25
1947, to November 27 19 47;
that I last saw her alive on November 27 19 47;
and that death occurred on the date and hour stated above.

Immediate cause of death POST OPERATIVE INTESTINAL OBSTRUCTION (Mechanical)

Due to SEVERE DIABETES MELLITUS (Clinical)

Due to

Other conditions 1st 2nd
(Include pregnancy, within 3 months of death)

Major findings: Of operation strangulated inguinal hernia

Of autopsy as above

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)

(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) Manner of injury 0

23. Signature [Signature] (M. D. or other)
Address 600 East 22nd Street Date signed 11/28/47

JAN 7 1948

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.