DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1401

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 290

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: Menorah Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Allen 99

(c) City or town Moran 14
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Laura Bess Young
Laura Young

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife Oland A. Young

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

7. Birth date of deceased July (Month) 18 (Day) 1881 (Year)

8. AGE: Years 66 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James Carter Scroggin
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cora Scribner
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Fay E. Scroggin
(b) Address 3100 Peery, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 - 21 - 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Moran, Kansas

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 42nd. St. & Mill Creek Parkway

19. (a) 1-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Lou Ky of 4-28-48 4-25-48

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1948 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from January 12th, 1948 to 1/21, 1948 that I last saw her alive on January 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration 2 days

Due to Arterio sclerosis — 10-15 yrs.

Due to Diabetes mellitus

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

Major findings:
Of operations
Of autopsy 61

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Walter P. Jacob (M. D. or other) Jacob
Address 720 Bryant Bldg Date signed 1/21/48

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer C. Fedelin

Licensed Embalmer No. 3495

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 290-48

On this 6th day of March, 1948, before me appears Fay E. Scroggin, who, upon her oath, states that the original record of ~~birth~~ death for Laura Young, ~~born~~ died 1-21-, 1948, in the State of Missouri, and which was filed at Kansas City, Mo. on 1-21-, 1948, should be corrected as follows:

Item No. 3 should read Laura Bess Young
Instead of Laura Young

Item No. 12 should read James Carter Scroggin
Instead of Carter Scroggin

Item No. 2b should read allen
Instead of —

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Fay E. Scroggin sister
Relationship.

3100 Peery Ave K.C. Mo.
Present Address.

Subscribed and sworn to before me this 6 day of March, 1948.

My Commission expires Oct 21, 1951 Carrie M. Puppelins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
4-43
X36667

S-1401