S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12872

Registration District No. 749 — Primary Registration District No. 1002 — Registrar's No. 1777

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: Residence, 3227 E. 20th St. Terr. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~3 years~~ (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 3227 E. 20th St. Terr. (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Violet May Scarbrough
3. (b) If veteran, name war none
3. (c) Social Security No. 487-24-8109
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Everett R. Scarbrough
6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased June 13, 1909 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38	10	7	hr. min.

9. Birthplace Springfield, Ills. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name R. A. Hutchens 0
13. Birthplace Jackson County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Olive J. Hutchens
15. Birthplace unknown, Ills. (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Everett R. Scarbrough
(b) Address 3227 E. 20th St. Terr. K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sut Washington
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 4-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from Jan 22, 1948, to April 20, 1948; that I last saw her alive on April 20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the gall bladder with metastasis — principally liver	App. 8 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 f	

Major findings: Of operations Intestinal obstruction due to metastasis — palliative relieved by Gastro-enterostomy on 1/29/48
Of autopsy

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 0
23. Signature W. H. Hickman (M. D. or other) M.D.
Address 1st Natl Bank Bldg Independence, Mo. Date signed 4/22/48

(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 R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, Mo.

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.