

FEDERAL BUREAU OF INVESTIGATION
DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2500

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:
3608 EAST-56TH STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 2 YEARS

3: (a) PRINT FULL NAME MRS. LAURA BELL SCOTT

3: (b) If veteran, name war No | 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 DR. W. B. SCOTT | 6: (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: APRIL 25 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	1	18	hr. min.

9. Birthplace: NEW BOSTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: AT HOME

11. Industry or business: --

12. Name: HARRISON BELL

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

14. Maiden name: MARY JACKS

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

16: (a) Informant: MRS. F. W. MUNDEN

17: (a) Address: 3608 EAST-56TH STREET
(b) Date thereof: JUNE 14 1948
(c) Place: burial or cremation: BUCKLIN MISSOURI

18: (a) Signature of funeral director: D. N. Newman
(b) Address: 1401 BRUSH CREEK BLVD.

19: (a) 6-14-48 (Date received local registrar)
(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3608 EAST-56TH STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13TH year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2ND MARCH 1ST to JUNE 13TH 1948
that I last saw him alive on JUNE 13TH 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Vasculo-renal Expansion - Parox.

Due to: --

Due to: --

Other conditions: 131st
(Include pregnancy within 3 months of death)

Major findings: none

Of operations: --

Of autopsy: --

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) Means of injury: --

23. Signature: E. B. Lilly (M. D. or other)

Address: 807 Conroy Blvd. Date signed: 6/17/48

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 Harmond L. Lofgren

Licensed Embalmer No. 4250

P. O. Address NC Me

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.