

No. 300
M-10-47
5-17-39
WI 3905

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

26592

FILED SEP 4 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3357

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Walter Wilber Scott
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

4. Sex male 0 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased May 9 1902
(Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days 5
 If less than one day hr. min.

9. Birthplace: Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business X

12. Name Thomas J. Scott
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Stacey
15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Scott
(b) Address 506 South Denver, Kansas City, Mo.

17. (a) removal **(b) Date thereof** 8-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buffalo, Missouri

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-17-48 **(b)** Geraldine Holman
(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")
 (d) Street No. 506 South Denver 8
(If rural, give location) 0
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
 year 1948 hour 6:15 minute P. M.
21. I hereby certify that I attended the deceased from 8-10-48
1948 to 8-14 1948
 that I last saw him alive on 8-14 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
 Due to Hypertensive Cardio-vascular disease
 Due to Chronic glomerular nephritis
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none 13/15
 Of autopsy none
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 Robert H. Owens (M. D. or other) MD
Address 1034 Rialto Bldg. Date signed August 16 1948
Kansas City, Mo.

Braham

Dr. H. H. Owens

1034 Orlato Bldg

Dec 1 to 4 P.M. today

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..... *Robert W Reed*

Licensed Embalmer No. *3745*

P. O. Address..... *K.C. 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.