S. No. 300
M—10-47
ev. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3876

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 528 Maple Blvd
(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)
In this community 25 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 528 Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora L. Scruggs
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov 24 1868 (Month) (Day) (Year)
8. AGE: Years 79 Months 49 Days 26 If less than one day hr. min.
9. Birthplace Lees Summit Mo (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business "
MOTHER FATHER
12. Name A. A. Scruggs
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Amanda Wigginston
15. Birthplace Independence Mo (City, town, or county) (State or foreign country)
16. (a) Informant Kate Scruggs
(b) Address 528 Maple Kc Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lees Summit Mo
18. (a) Signature of funeral director N. B. Langford
(b) Address Lees Summit Mo
19. (a) 9-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1948 hour 4 minute 45 P M.
21. I hereby certify that I attended the deceased from Aug 21 1948, to Sept 20 1948, that I last saw h alive on Sept 19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocardial Disease	6 months
Arteriosclerosis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature C W Rose (M. D. or other) MD
Address 1834 Elmwood KC Mo Date signed 9/21/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.