

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1949

State File No. 12667  
Registrar's No. 1316

|   |  |   |  |  |  |   |  |  |
|---|--|---|--|--|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>1316</u>   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u><br>b. CITY OR TOWN <u>KANSAS CITY</u> (If outside corporate limits, write RURAL and give township)<br>c. LENGTH OF STAY (in this place) <u>10 YRS.</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WHEATLEY-PROVIDENT HOSP.</u> |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MISSOURI</u><br>d. STREET ADDRESS (If rural, give location) <u>19th + Forest</u> |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ROSA</u> b. (Middle) _____ c. (Last) <u>SCOTT</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 19 1949</u> |  |  |   |  |  |
| 5. SEX <u>F</u>   |  | 6. COLOR OR RACE <u>NEGRO</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |  | 8. DATE OF BIRTH <u>12-25-1895</u>                                  |  |  |
| 9. AGE (In years last birthday) <u>53</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>HOUSTON, TEXAS</u>     |  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>AARON WYATT</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>ALBERT SCOTT</u>                     |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>   |  | 16. SOCIAL SECURITY NO. <u>NONE</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Scott, 1315 Euclid Kc Mo</u>   |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Myocardial Degeneration</u><br>ANTECEDENT CAUSES <u>Cardio, Reno, Vascular Disease</u><br>DUE TO (b) <u>with hypertension</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <u>442</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>4 Hrs</u><br><u>1 yr</u>                     |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Feb. 26, 1949</u> , to <u>March 19, 1949</u> , that I last saw the deceased alive on <u>March 18, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.                       |  |   |  |  |  |   |  |  |
| 23a. SIGNATURE OF L. LAFORON (Degree or title) <u>J. L. Laffoon M.D.</u>  |  |   |  | 23b. ADDRESS <u>Raytown Mo</u>   |  | 23c. DATE SIGNED <u>3-21-49</u>                                     |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>3-22-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |  |  |
| DATE REC'D BY LOCAL REG. <u>3-22-49</u>   |  | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. G. Flynn, 1819 E. 15 Kc Mo</u>  |  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*W. G. Flynn*

Signed.....

Student Embalmer

Licensed Embalmer No. *4383*

P. O. Address *1819 E. 15 KE2*

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.