

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23469**
3188

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 4318 Sunrise Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4318 Sunrise Dr.			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) SCARRITT c. (Last) JONES			4. DATE OF DEATH (Month) (Day) (Year) July 21 1949			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Nathan Scarritt		13b. MOTHER'S MAIDEN NAME Martha Chick		14. NAME OF HUSBAND OR WIFE Elliott H. Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Paul Jones 1002 W. 63rd St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo. years 8 mo. 8 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) Cerebral hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture left hip			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331K	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) at home. K.C. Mo. 123

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 months ago	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell as result of cerebral hemorrhage.
22. I hereby certify that I attended the deceased from Jan 17 , 1949, to June 1949 , that I last saw the deceased alive on May , 1949, and that death occurred at _____ m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) C.B. Schutz	23b. ADDRESS 320. W 47th St.	23c. DATE SIGNED 7/22/49.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-25-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 7-23-49	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE UND. CO. Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Carl Schwartz
Buy out Body.

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.

Student
Student Embalmer

Signed _____

Max C. Meyer

Licensed Embalmer No. _____

7555

P. O. Address _____

Kansas City 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.