

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16941**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **2391**

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) OR TOWNSHIP **26 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2607 Olive**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
d. STREET ADDRESS (If rural, give location) **2607 Olive**

3. NAME OF DECEASED
a. (First) **Isaac Scott** b. (Middle) _____ c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **May 22, 1950**

5. SEX **Male** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **Sept. 5, 1888** **9. AGE** (In years last birthday) **62 1/2** **IF UNDER 1 YEAR** (Month) (Day) (Year) _____ **IF UNDER 1 HR.** (Hour) (Min.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Porter** **10b. KIND OF BUSINESS OR INDUSTRY** **City Natl. Bk.** **11. BIRTHPLACE** (State or foreign country) **Batesville, Co., Miss.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Isaac Scott** **13b. MOTHER'S MAIDEN NAME** **Caldonia Sneed** **14. NAME OF HUSBAND OR WIFE** **Ella Scott**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** **486-05-5642** **17. INFORMANT'S SIGNATURE OR NAME** **Ella Scott** **ADDRESS** **2607 Olive**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Unknown**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **4 1/2**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** **Not Influenza March 1950** **20. AUTOPSY?** YES NO

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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Thos. A. Jones** **23b. ADDRESS** **1612 E 12th St** **23c. DATE SIGNED** **5/26/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **5/27/50** **24c. NAME OF CEMETERY OR CREMATORY** **Highland Cemetery** **24d. LOCATION** (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **5-27-50** **REGISTRAR'S SIGNATURE** **Geradine Holmes** **25. FUNERAL DIRECTOR'S SIGNATURE** **Watkins Bros.** **ADDRESS** **1729 Lydia**

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

James Monroe

Signed

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.