No. 300
10.48

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41203

BIRTH NO. — REG. DIST. NO. 149 PRIMARY REG. DIST. NO 1002 Registrar's No. 5479

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY non resident
c. LENGTH OF STAY (in this place) [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) INTER CITY VIADUCT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE KANSAS CITY b. COUNTY WYANDOTT
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 1964 HALLOCK 8150 8

3. NAME OF DECEASED (Type or Print) a. (First) M.C. b. (Middle) c. (Last) SCROGGINS

4. DATE OF DEATH (Month) (Day) (Year) NOV. 27 1954

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 0
8. DATE OF BIRTH OCT. 22, 1917
9. AGE (In years last birthday) 37 — 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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY PACKING HOUSE
11. BIRTHPLACE (City and State or Foreign Country) SHREVEPORT, LA. 1
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME EDGAR SCROGGINS
13b. MOTHER'S MAIDEN NAME GEORGIE ELLIS
14. NAME OF HUSBAND OR WIFE —

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. 437-14-8013
17. INFORMANT'S SIGNATURE OR NAME JOE SCROGGINS — ADDRESS KANSAS CITY, MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Comminuted Fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Left Leg. Fracture of Pelvis
DUE TO (c) Shock from Auto Trauma.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cart pedestrian

E 81-4 25

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Intercity Viaduct & Liberty
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City. Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 27 1954 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Traffic Death

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 (Degree or title) L. Wellman M.D. Deputy Coroner
23b. ADDRESS 1618 Lydia Ave
23c. DATE SIGNED 11/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE NOV. 30, 1954
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) SHREVEPORT LA.

DATE REC'D BY LOCAL REG. 11-29-54
REGISTRAR'S SIGNATURE neva minshall
25. FUNERAL DIRECTOR'S SIGNATURE Fannie L. Meek — ADDRESS Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

[redacted]

FEB 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fannie L. Meek

Licensed Embalmer No 3818

P. O. Address Kansas Cit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.