

FILED FEB 19 1940

Registration District No. 408 Primary Registration District No. 3025 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson, Missouri
(b) City or town Kansas City
(c) Name of hospital or institution: 8237 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
In this community 28 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Elgin Scott
3007
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Scott 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased January 4 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Meat Business

11. Industry or business X

MOTHER FATHER
12. Name John Henry Scott
13. Birthplace Missouri
14. Maiden name Mary Susan Jones
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Scott
(b) Address 8237 Flora, Kansas City, Mo.
17. (a) Burial (b) Date thereof 1-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-28-40 (b) Mr. Jos. J. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8237 Flora
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-19-40 day 19 year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 100 days, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute pulmonary edema
Acute & Chronic myocardial infarction
Acute & Chronic cardiac dilatation
& hypertrophy
Other conditions (include pregnancy within 3 months of death):
Pulmonary edema
Of operations _____
Of autopsy _____

Duration

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? _____
While at work? _____ (Specify place) (e) Means of injury _____
23. Signature Walter H. Tucker D. or other _____
Address K. C., Mo. Date signed _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 29 1952

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.....

Rewey Tourner Jr., Registered Apprentice No. 222
working under my personal supervision.

Signed J B Waters
Licensed Embalmer No. 3992
P. O. Address KE 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, above space should be left blank.