

FILED MAY 17 1940

Registration District No. 226

Primary Registration District No. 555218

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson County Home Prairie Tship
(c) Name of hospital or institution: Jackson County Home for Aged.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5910 East 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mrs. Eda Scanland 545

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Scanland 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Jan. 20, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business At Home

12. Name Chas. Henry Schafermeyer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Fredrick

(b) Address 5910 E 9th St. K.C. Mo.

17. (a) Burial (b) Date thereof Apr. 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) 4-27-40 (b) Paul H. Bane
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 26th
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4/15, 1940, to 4/26, 1940
that I last saw her alive on 4-25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

Other conditions 92c
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 932

(Specify type of place) While at work _____ (e) Means of injury _____

23. Signature J.W. Green (M. D. or other) _____
Address Independence Date signed 5/27/40

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

8
0

J. W. Greene

Carl Bldg.

Indep. 249

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.