

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37667

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4265

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

City or town California Missouri
(If outside city or town limits, write "RURAL") R.R. #3

(d) Street No. BB# 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Richard Eugene Scott

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month 11 day 8
year 1940 hour 2 minute 15 A.M.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 12 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-2-40
_____, 1940 to 11-8, 1940
that I last saw him alive on 11-8, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 2 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Pr Broncho pneumonia

Due to 16 D.A.

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

Due to _____

Other conditions Cerebral malacia
(Include pregnancy within 3 months of death)
old cerebral hemorrhage

10. Usual occupation _____

11. Industry or business Infant

12. Name Esch, Scott

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

14. Maiden name Evelyn Crocker

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

Major findings: _____

Of operations from vertebrae fracture

Of autopsy same

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Scott

(b) Address California, MO

17. (a) Burial (b) Date thereof 11-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California, Nev.

18. (a) Signature of funeral director Jack Bowlin

(b) Address California, MO

19. (a) NOV. 8, 1940 (b) M. D. Brown
(Date received local registrar) (Registrar's signature)

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 type of place) (e) Means of injury _____

23. Signature W. Soderber (M. D. or _____)

Address 1316 Park Blvd Date signed 11-8-40

8-40

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, fact should be so stated above.