

No. 2
1-4-41
-17-39
X26390
048

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20927
2457
Date File No.
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5320 Euclid Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 58 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. Stephen E. Scott

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 Mrs. Martha E. Scott
6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January 24 1848
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 2
If less than one day hr. min.

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

10. Usual occupation Real Estate Builder

11. Industry or business and Contractor

12. Name Joseph Scott

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

14. Maiden name Van Sickle

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

16. (a) Informant Stella O. Shatto

(b) Address 5320 Euclid Avenue

17. (a) Burial (b) Date thereof June 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. V. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 28741 (b) M. M. Crow
(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. 5320 Euclid Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 1940
to June 26, 1941
that I last saw him alive on June 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 20 years
arteriosclerosis
Due to _____

Due to Age 93 1/2
Other conditions (Include pregnancy within 3 months of death) 93 1/2

Major findings: Of operations _____
Of autopsy no
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 no
(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? _____

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

23. Signature M. B. Carholt (M. D. or other) 8/29/41
Address 211 Argyle Bldg Date signed _____

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

048

715
2-4
Virginia Road

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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, fact should be so stated above.