

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2413

1. PLACE OF DEATH: Jackson

(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: Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month & 17 Days
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 28

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") J

(d) Street No. 2621 East 31st Street
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Miss Rosella Scofield

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 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: March 29 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12	2	32	hr. min.
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9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Benton School

MOTHER FATHER { 12. Name Jack Taylor

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

{ 14. Maiden name Agelene H. DeVoe

{ 15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank M. Scofield

(b) Address 2621 E 31st Street

17. (a) Burial (b) Date thereof June 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington Cemetery

18. (a) Signature of funeral director D. H. Newcorn's Sons

(b) Address 1401 Brush Cr. E. Blvd.

19. (a) 6-22-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
Year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Pericarditis & infarction

Due to Unresolved pneumonia & infarction

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: 90 B

Of operations _____

Of autopsy as above

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 type of place) (e) Means of injury _____

23. Signature F. C. Kellogg (M.D.) (M. D. or other) _____

Address St. Luke's Hospital Date signed 6/23/42

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

SEP 28 1949

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 KC 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.