

Filed NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

486
8506

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

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:
5544 Rockhill Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 60 Years
(Specify whether years, months or days)
In this community: 60 Years

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 5544 Rockhill Road
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Mr. F. Elmer Scott
(b) If veteran, name war: None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month About October day 19 1942
year 1942 hour ? minute ? M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife: Mrs. Belle May Scott
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: October 31 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 19 1942, to 19 1942;
that I last saw him alive on 19 1942;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>18</u>	<u>hr.</u> <u>min.</u>

Immediate cause of death: Death due to natural causes. Body un-
salts factory for post-
mortem examination.
Due to: 2000

9. Birthplace: Tioga Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation: Real Estate & Mining

Due to: 2000
Other conditions: 2000
(Include pregnancy within 3 months of death)

11. Industry or business: For Self
12. Name: William H. Scott
13. Birthplace: Keokuk Iowa
(City, town, or county) (State or foreign country)
14. Maiden name: Lavinia Nash
15. Birthplace: Tioga Illinois
(City, town, or county) (State or foreign country)

Major findings: Resident Coroner
Of operations: Resident Coroner
Of autopsy: Resident Coroner

16. (a) Informant: Mrs. Laura May Maunder
(b) Address: 4418 Broadway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 27, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery
18. (a) Signature of funeral director: A. E. Washer
(b) Address: 1401 Brush Creek Blvd.
19. (a) 10-26-42 (Date received local registrar) (b) M. M. Brown (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: A. E. Washer 11-19 (M. D. or other)
Address: 2314 Mc Coy Date signed: ---

Scott

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 *A. C. Newcomer Jr*
Licensed Embalmer No. *4043*
P. O. Address *K. C. 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.