

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:  
2731 Forest Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 32 Yrs.

In this community.....

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. 2731 Forest Ave.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Ida Mae Scott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Samuel B. Scott

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased June 29, 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>4</u>	<u>28</u>	.....hr. ....min.

9. Birthplace La Rue Co. Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Thomas N. Pace

13. Birthplace No Record Kentucky /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Anderson

15. Birthplace No Record Kentucky /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. C. Hough

(b) Address 2731 Forest Ave.

17. (a) Burial (b) Date thereof Nov. 28, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery St. Joseph, Mo.

18. (a) Signature of funeral director Gate Funeral Home

(b) Address 1901 Olathe Blvd. K. C. Kans.

19. (a) 11-27-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th  
year 1942 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 12  
1942 to Nov. 27 1942  
that I last saw her alive on Nov. 25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cerebral thrombosis  
General arterio-sclerosis

Due to.....

Due to..... 83 B

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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)

Means of injury.....

23. Signature Herbert Valente (M.D. or other).....  
Address 1103 Grand Ave. Kansas City, Mo. Date signed 11/27/42

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

