

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 315

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:
1416 West 50th Street Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. -----
 In this community 26 Years
years, months or days (Specify whether)

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. 2800 Cherry Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. ----- 0

3. (a) PRINT FULL NAME Mrs. Pauline Moor Scurlock
 3. (b) If veteran, name war No
 3. (c) Social Security No None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 19th
 year 1943 hour 11 minute P. M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Mr. Leonard Scurlock
 6. (c) Age of husband or wife if alive. ----- years
 7. Birth date of deceased August 16 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19 1943, to Jan 19 1943
 that I last saw her alive on Jan 19 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Intestinal influenza
 Duration 3 days

8. AGE: Years Months Days If less than one day
77 5 3 hr. min.

Due to _____
 Due to _____

9. Birthplace Burn Minnesota
(City, town, or county) (State or foreign country)

Other conditions Chronic myocarditis 9 years
(Include pregnancy within 3 months of death)

10. Usual occupation At Home

Major findings: General weakness
 Of operations _____

11. Industry or business -----
 12. Name Jacob Moor
 13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Clausner
 15. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

Of autopsy no
 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 _____

16. (a) Informant Neighbors
 (b) Address 1416 W 50 Terr.

23. Signature James W. Abraham (M. D. or other) _____
 Address 1518 Argyle Bldg. K.C. Mo. Date signed 1-20-43

17. (a) Burial (b) Date thereof Jan. 21, 1943
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
 (c) Place: burial or cremation St. Pleasant Cemetery Warsaw, Missouri

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

19. (a) 1-21-43 (b) M. M. Cozart
(Date received local registrar) (Registrar's signature)

