V. S. No. 2
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ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5482

State File No.

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 596

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1121 Woodland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 29 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town K.C. Mo. 8 (If outside city or town limits, write "RURAL")

(d) Street No. 1121 Woodland 2nd Fl. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA SCOTT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FE

5. Color or race 3 NEGRO

6. (a) Single, widowed, married, divorced 1 MARRIED

6. (b) Name of husband or wife GEORGE SCOTT

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased AUG (Month) 18 (Day) 1889 (Year)

8. AGE: Years 53 Months 5 Days 15 If less than one day hr. min.

9. Birthplace MISS. (City, town, or county) 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name JOHN GARTH
13. Birthplace MISS. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)

16. (a) Informant George Scott (Husband)

(b) Address 1121 Woodland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Flynn - Greenstreet

(b) Address K.C. Mo.

19. (a) 2-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 2 day 3 year 1943 hour 3:40 minute 9. M.

21. I hereby certify that I attended the deceased from May 30th, 1942 to Feb 3rd, 1943 that I last saw her alive on Dec 31st, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitional Nephritis

Due to 131a

Due to

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

Major findings:
Of operations none

Of autopsy none

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Guggenheim (M. D. or other)

Address E202 E 18th Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15

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.