

NOV 1 1943 149
Registration District No. _____

Primary Registration District No. **1002**

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:
Gen Hosp. H 2. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

In this community **App. 17 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **1820 Grove**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LUTHER SCOTT**

3. (b) If veteran, name war **Regular Army** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color of race **Col.** 6. (a) Single, widowed, married, divorced **unm.**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **12-12-1891**
(Month) (Day) (Year)

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

51 10 3 hr. min.

9. Birthplace **Johnson County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Ephraim Scott**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy Cushing Berry**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Mitchell**

(b) Address **Leavenworth, Kansas**

17. (a) Removal **10-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leavenworth, Kans.**

18. (a) Signature of funeral director **A. M. Hudson**

(b) Address **1513 Prospect**

19. (a) **10-20-43** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15** P.
year **1943** hour **10:05** minute _____ M.

21. I hereby certify that I attended the deceased from **Deputy Coroner**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Homicide**
Fracture of Skull
Due to **Subdural Hemorrhage**

Other conditions (Include pregnancy within 3 months of death) **168**

Major findings: Of operations _____
Of autopsy **yes**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **10-13-43**

(c) Where did injury occur? **K.C. Jackson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (a) Means of injury **Trauma**

23. Signature **A. P. Richardson** (M. D. or other)

Address **1832 Vine** Date signed **10/18/43**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.