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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38395

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 275

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium, Indep. Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 Hours (Specify whether years, months or days)

In this community: 14 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Independence. (If outside city or town limits, write "RURAL")

(d) Street No.: 412 South Forest. (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: BARBARA LEONA SCOTT

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: Female | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Single

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

7. Birth date of deceased: January 26th, 1929 (Month) (Day) (Year)

8. AGE: Years 14 | Months 8 | Days 29 | If less than one day: hr. min.

9. Birthplace: Independence, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Schoolgirl

11. Industry or business:

FATHER 12. Name: Wilson William Scott

13. Birthplace: Lamoni, (City, town, or county) Iowa. (State or foreign country)

MOTHER 14. Maiden name: Ethel M. Hess

15. Birthplace: Elwood, (City, town, or county) Kansas. (State or foreign country)

16. (a) Informant: W.W. Scott (Father)

(b) Address: Independence, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove Cemetery

18. (a) Signature of funeral director: Roland P. Spencer

(b) Address: Independence, Missouri.

19. (a) 10-28-43 (Date received by local registrar) (b) Genesee Road. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25 year 43 hour 7:30 P minute M.

21. I hereby certify that I attended the deceased from Conn, 19, to, 19;

that I last saw h alive on, 19;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gunshot wound of the abdomen	
Due to: (Self inflicted) pending Coroner's inquest.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 164
Of autopsy: Inspection & testing

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): Suicide

(b) Date of occurrence: 10/25/43.

(c) Where did injury occur: 412 So. Forest Indep. Mo. (City or town) (County) (State)

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

While at work? No (e) Means of injury:

23. Signature: O.J. Stotler (M.D.) Coroner Date signed 10/27/43

Address: Indep.

(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 Roland R Speake

Licensed Embalmer No. 3604

P. O. Address Indep. Md

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.