

FILED DEC 22 1943

Registration District No. 149

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 2 1/2 Years (Specify whether years, months or days)

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. 1123 Troost
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Guy Erwin Scofield

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife May Scofield
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 18th, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 2 12 1/2 _____ hr. _____ min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile Mechanic

11. Industry or business _____

MOTHER FATHER { 12. Name Warren Scofield
13. Birthplace New York 1
(City, town, or county) (State or foreign country)
14. Maiden name Alice Armstrong
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Erwin L. Scofield
(b) Address 1123 Troost
17. (a) Removal (b) Date thereof 12-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stanberry, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Mo.

19. (a) 12-1-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1943 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from November 23 1943 to November 30 1943
that I last saw him in alive on November 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy-Bronchial pneumonia Duration _____

Due to 85
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

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? _____

While at work? (Specify type of place) _____ Means of injury _____

23. Signature Dr. R. Shon (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 11-30-43

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

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..... *Theron A. Redman*

Licensed Embalmer No. *27372*

P. O. Address..... *K. P. No.*

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.