S. No. 2
M--2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1569

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5331

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: Steva Clara Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas n (b) County Johnson 14
(c) City or town Merriam 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5902 Loomis
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Edna Elizabeth Scott

3. (b) If veteran, name war None

3. (c) Social Security No. 486-015121

4. Sex Female

5. Color or race Wh 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Cyrel Scott

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

7. Birth date of deceased February 26, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	9	20	hr. min.

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

10. Usual occupation Seamstress

11. Industry or business Douglas Rug Co.

FATHER
12. Name John Robinson
13. Birthplace Sacramanto Calif. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Alloway
15. Birthplace Aldershot England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Dorothy E. Scott
(b) Address 5902 Loomis, Merriam, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C.Kans.

19. (a) 12-16-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Feb 4, 1943 to Dec. 16, 1943
that I last saw her alive on Dec 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis general

Due to Adeno-carcinoma of rectosigmoid

Due to 46d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer involving sigmoid uterus, small bowel
Of autopsy no

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 H B Campbell (M. D. or other) M.D.
Address Kansas City Mo Date signed 11-16-43

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(Licensed Embalmer's Statement on Reverse Side)

Mr. Frederick Campbell
Prof Bldg
Vi 3388
after 2 p.m.

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 E. 67th St

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.)

K. C. Mo

If this body is not embalmed, fact should be so stated above.