

FILED JAN 3 1944 49
Registration District No. 49

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
4216 St John
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
(Specify whether years, months or days)

In this community 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Esther C Scott

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martin Scott

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 9, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business at Home

MOTHER FATHER { 12. Name Michael Halpin

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

14. Maiden name Unknown

15. Birthplace W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Scott

(b) Address 4216 St John

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. ave. K.C. Mo.

19. (a) 12-17-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 4216 St John
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-15-43 to 12-15-43, 19____, and that death occurred on the date and hour stated above.

I hereby certify that I attended the deceased from 12-15-43 to 12-15-43, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death. Interosclerotic Heart Disease

Due to _____

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Inspection and History

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) (e) Means of injury _____

23. Signature W. E. Walker (M. D. or other) W. E. Walker
Address 25 McCol Date signed 12/15/43

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 *John P. Smith*.....
Licensed Embalmer No. *3625*.....
P. O. Address *K.C. Mo*.....

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.