

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1426
Registrar's No. 497

Registration District No. 149 Primary Registration District No. 1002

838
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Kansas City
(c) Name of hospital or institution Whately Incident Hospital
(d) Length of stay: 5 yrs.
In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(d) Street No. 38 August
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Viola Scott
3. (b) If veteran, name war no
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 29th
year 1945 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1-26 to 1-29 1945
that I last saw alive on 1-29 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

4. Sex Female 5. Color of race Col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive 24 years (Day) (Year)

Due to Chronic Interstitial Nephritis
Due to Chronic Hypertension
Other conditions (include pregnancy within 3 months of death)

8. AGE: Years 52 Months 9 Days 5
If less than one day hr. min.

Major findings: 131a
Of operations:
Of autopsy:

9. Birthplace Miss. I
10. Usual occupation Housework
11. Industry or business at home
12. Name Turner
13. Birthplace Arkansas
14. Maiden name Smith
15. Birthplace Miss. I

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 [Signature] (M.D. or other)
Address 1512 N. S. R. E. C. E. Date signed 1-30-45

16. (a) Informant Armed Robinson
(b) Address 38 August
17. (a) Removal (b) Date thereof Feb. 3 1945
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Arthur P. [Signature]
(b) Address 1020 N. 5th St.
19. (a) 1-31-45 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. ~~3106~~
working under my personal supervision.

Signed Clifford J Woods

Licensed Embalmer No. 3106

P. O. Address 325 Parallel Ave 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.