

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5863**

**FILED MAR 11 1946**

Registration District No. **49**

Primary Registration District No. **1002**

Registrar's No. **838**

**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:  
**5320 Euclid Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **62 Years** (Specify whether years, months or days)  
 In this community **62 Years**

**3. (a) PRINT FULL NAME MRS. MARTHA ELLEN SCOTT**  
 (b) If veteran, name war **no**  
 (c) Social Security No. **no**

**4. Sex Female** **5. Color or race White**  
**6. (a) Single, widowed, married, divorced, Widowed**  
**(b) Name of husband or wife Stephen E. Scott**  
**6. (c) Age of husband or wife if alive, years**  
**7. Birth date of deceased Oct. 10, 1860**  
(Month) (Day) (Year)

**8. AGE:**  
 Years **85** Months **4** Days **6**  
 If less than one day  
 hr. min.

**9. Birthplace Indiana**  
(City, town, or county) (State or foreign country)

**10. Usual occupation At Home**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name Smith Clark**  
**13. Birthplace Don't Know**  
(City, town, or county) (State or foreign country)  
**14. Maiden name Don't Know**  
**15. Birthplace Don't Know**  
(City, town, or county) (State or foreign country)

**16. (a) Informant Mrs. Stella O. Shatto**  
**(b) Address 5320 Euclid Avenue**

**17. (a) Burial (b) Date thereof 2-19-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation Forest Hill Freeman Mortuary**  
**18. (a) Signature of funeral director Kansas City, Missouri**  
**(b) Address**

**19. (a) 2-19-46 (b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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. **5320 Euclid Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Feb** day **16**, 19**46**  
 year hour minutes  
**21. I hereby certify that I attended the deceased from April 1940 to Feb 16, 1946**  
 that I last saw him alive on **April 1940**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic Myocarditis**  
**Arteriosclerosis**  
 Due to **old age**  
 Due to **old age**

Other conditions **old age**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **no**  
 Of autopsy **no**

**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 of Embalmer**  
**4000 Baltimore Rd**  
(M. D. or county) (City or town) (State)  
**3/18/46**  
**46**

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

12:45 PM 6/100  
4006 Franklin

**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**