

S. No. 2
-12-45
5-17-39
P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20937
Registrar's No. 2830

Registration District No. 149 Primary Registration District No. 1202

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
6932 Edgevale Road
(d) Length of stay: In hospital or institution XX
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No 6932 Edgevale Road
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Rosemary Scammon Fones
3. (b) If veteran, name war XX
3. (c) Social Security No. None
4. Sex Fe Color or race Wht.
6. (b) Name of husband or wife H. Porter Fones
7. Birth date of deceased Jan 9 1876

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day First year 1947 hour 17 minute 17 P M.
21. I hereby certify that I attended the deceased from June 29 1947 to July 1 1947
that I last saw her alive on July 1 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 5 Days 22

Immediate cause of death: metastasis of carcinoma of left breast
Duration

9. Birthplace: White
10. Usual occupation: Housewife

Other conditions: (include pregnancy within 3 months of death)
Major findings: no op 50
Of autopsy: no autopsy

11. Industry or business XX
12. Name: Wm. L. Scammon
13. Birthplace: Maine
14. Maiden name: Mary Carter
15. Birthplace: Ill.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant: H. Porter Fones
(b) Address: 6932 Edgevale Road
17. (a) Cremation (b) Date thereof: 7-3-47
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Stine & McClure CO.
(b) Address: 3235 Gillham Plaza
19. (a) 7-3-47 (b) Geraldine Holmes

23. Signature: [Signature] (M. D. or other)
Address: 1115 1/2 road Date signed: 7-2-47

(Licensed Embalmer's Statement on Reverse Side)

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..... *Robert H Reed*

Licensed Embalmer No..... *3745*

P. O. Address..... *Kc. 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.