

FILED FEB 3 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

259

Registration District No. _____

Primary Registration District No. _____

1002

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: GENERAL HOSPITAL NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 DAYS
 (Specify whether years, months or days)
 In this community 25 YRS.

3. (a) PRINT FULL NAME

WILLIE SCOTT3. (b) If veteran, name war no3. (c) Social Security No. none4. Sex FEMALE 5. Color or race NEGRO6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife unknown6. (c) Age of husband or wife if alive ? years7. Birth date of deceased JANUARY
(Month)1895
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

ABOUT52

hr. min.

9. Birthplace OKLAHOMA CITY

(City, town, or county)

OKLAHOMA

(State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name UNKNOWN13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)16. (a) Informant ALLIE WORTON (FRIEND)(b) Address 914 HIGHLAND17. (a) Burial (b) Date thereof 1-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cem.18. (a) Signature of funeral director E. Stepping Bill(b) Address 1212 W. K. St.19. (a) 1-19-48 (b) Sheldine 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. 1013 CHARLOTTE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 16,
 year 1948 hour 3: minute 30 P. M.

21. I hereby certify that I attended the deceased from DECEMBER
31, 1948, to JANUARY 16, 1948
 that I last saw h. ER alive on JANUARY 16, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR
ACCIDENT

Duration

Due to HYPERTENSIVE HEART DISEASE

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: 43 d
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M. D.
 Address GENERAL HOSPITAL NO. 2 Date signed 1/17/48

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 *E. Sterling Bills*

Licensed Embalmer No. *5178*

P. O. Address. *1212 Pine Hill*

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.