S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5072

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 784

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

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: St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hrs 53 min (Specify whether)
In this community 17 hrs + 53 min (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3423 Arlington (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Janet Marie Scrutchfield
3. (b) If veteran, name war — no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 2 (Month) 19 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
			17 hr. 53 min.

9. Birthplace Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation — infant
11. Industry or business —
FATHER
12. Name Harold Clifton Scrutchfield
13. Birthplace Metz, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Irma I. Whiteside
15. Birthplace Moundville, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mr. H. C. Scrutchfield
(b) Address 3423 Arlington, K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Flora Love Hill, Mo.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence Mo.
19. (a) 2-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1948 hour 9 minute 35 A. M.
21. I hereby certify that I attended the deceased from ~~2-19-48~~ @ ~~3:42 P.M.~~ to ~~2-20-48 9:35 A.M.~~ Pathologist that I last saw her alive on ~~9:35 A.M. 2-20~~ 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intracranial hemorrhage	
Due to Tentorial tear	
Due to Birth injury	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 160	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address St. Luke's Hospital Date signed 20 Feb 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Tom D. Markland, Registered Apprentice No. 40, working under my personal supervision.

Signed Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, Ka

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.