

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1125
Registrar's No. _____

National Office of Vital Statistics
FILED MAR 20 1948
Registration District No. 149

Primary Registration District No. 1002

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:
1921 East 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years (Specify whether
In this community _____ years, months or days)

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. 1921 East 16th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Corrine Scott
3. (b) If veteran, name war No
3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Scott 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 19, 1905
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Arkadelphia, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charlie Gillham

13. Birthplace Arkadelphia, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Cora Johnson

15. Birthplace Arkadelphia, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant George Scott

(b) Address 1921 East 16th St.

17. (a) Burial (b) Date thereof 3/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 1729 Lydia Ave.

19. (a) 3-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1948 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from 1-18-48
to 3-9 1948
that I last saw him alive on 3-7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia
Toxemia
Carcinoma of Rectum
Due to _____
Due to _____

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

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]
Address 1830 Vine St Date signed 3/11/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 _____

Licensed Embalmer No. 3494

P. O. Address 2503 Highland

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.