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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8905

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1333

18
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WRITE PLAINLY—USE 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: 7320 MADISON AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether

In this community 8 YEARS
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. 7320 MADISON AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----

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3. (a) PRINT FULL NAME MRS LUCY A. SCOTT

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 WIDOWED

6. (b) Name of husband or wife MR. EDWARD P. SCOTT

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased MAY (Month) 5 (Day) 1865 (Year)

8. AGE: Years 82 Months 10 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace BRIGHTON (City, town, or county) IOWA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name WILLIAM T. ISRAEL
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name MARY M. WHITE
15. Birthplace (City, town, or county) OHIO (State or foreign country)

16. (a) Informant MRS. MERRITT POWLES

(b) Address 7320 MADISON AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MARCH-26-1948 (Month) (Day) (Year)

(c) Place: burial or cremation CHADRON, NEBRASKA

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24TH year 1948 hour EARLY minute ? A.M.

21. I hereby certify that I attended the deceased from NEVER but was family Physician, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death FROM HISTORY — CORONARY OCCLUSION	1 HR. ?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a

Of autopsy

PHYSICIAN — C.C.

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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature R. M. Myers (M. D. or other) MD.

Address 1025 Rialto Date signed 25 May 48

(Licensed Embalmer's Statement on Reverse Side)

Rialto Bldg.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.