S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948 /149
Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13038 ~~12938~~
Registrar's No. 1438

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: 2223 E. 33 rd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 34 Yrs (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2223 E. 33 rd 8
(If rural, give location) 0
(e) Citizen of foreign country? x no (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Robt. Mason Van Scoter
3. (b) If veteran, name war: x
3. (c) Social Security No.: none
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Kate M. Van Scoter
6. (c) Age of husband or wife if alive: unknown years
7. Birth date of deceased: Feb. (Month) 17 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79-	1	14	hr. min.

9. Birthplace: New York / (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Mason Van Scoter
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: C. S. Clements
(b) Address: Kansas City, Mo. Li. 8041
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation: ~~Forest Hill~~ Mt. Moriah
18. (a) Signature of funeral director: Stine & McClure
(b) Address: Kansas City, Mo.
19. (a) 4-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 31 35
year: 1948 hour: 11 minute: ~~00~~ P. M.
21. I hereby certify that I attended the deceased from 11:30 to 11:35 pm 3-31-48, 19__, to 3-31-48, 19__;
that I last saw him alive on 3-31-48, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Accident	1/2 hr.
Due to: Hypertensive heart disease.	Several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 0
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: Wm H Duncan (M. D. or other) M.D.
Address: 1200 Prof. Bl Date signed: 4-1-48

(Licensed Embalmer's Statement on Reverse Side)

Prize Dedg.
U. 3422

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 K. C. 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.