

Registration District No. 150

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Jackson County Emrg. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days) 28 yrs.

In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town St. James City Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 5812 Anderson  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Scott Erskine

3. (b) If veteran name war none

3. (c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lydia Erskine

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 17 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>1</u>	<u>6</u>	hr. min.

9. Birthplace Prairie City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Alex Erskine

13. Birthplace Southton Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Crossman

15. Birthplace Southton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lydia M. Erskine

(b) Address 5812 Anderson

17. (a) Burial (b) Date thereof 6 26 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Rev. G. Carson

(b) Address Independence Mo

19. (a) June 26, 1948 (b) Donald C. Emshurst  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1948 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from 6-11-48, 19  , to 6-22-48, 19  ;  
that I last saw him alive on 6-22-48, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 4 days

Generalized arterio-sclerosis yrs

Due to Arteriosclerotic gangrene left leg months

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings Of operations none done

Of autopsy " "

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 \_\_\_\_\_

Signature Donald C. Emshurst Date signed 6-23-48

Address OP #4 Independence Mo.

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

8000

APR 2, 1948

---

---

**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 Charles F. Tyler

Licensed Embalmer No. 54534

P. O. Address Salisbury MD.

**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.**