

No. 300  
10-47  
5-17-39  
PI 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 4 1948  
Registration District No. 449

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33086  
State File No. \_\_\_\_\_  
Registrar's No. 4075

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution: McMAHON NURSING HOME - 512 WOODLAND  
(d) Length of stay: In hospital or institution 3 MONTHS 4  
In this community 45 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. PROCTOR K. SCOTT  
3<sup>b</sup>(b) If veteran, name war No  
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife MRS. RUTH SCOTT  
6. (c) Age of husband or wife if alive wmb. years  
7. Birth date of deceased APRIL 12 1879 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 5 23 hr. min.

9. Birthplace HOLDEN MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

MOTHER FATHER

12. Name VALENTINE SCOTT  
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)  
14. Maiden name ANNE HILL  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant MR. CHARLES I. SCOTT  
(b) Address 900 EAST 9TH STREET

17. (a) BURIAL (b) Date thereof OCT-7-1948 (Burial, cremation, removal) (Month) (Day) (Year)  
(c) Place: burial or cremation HOLDEN MISSOURI

18. (a) Signature of funeral director D.W. Heivener's son  
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 10-7-48 (b) Geraldene Holmes (Date received local registrar) (Registrar's signature)

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. 1702 MAIN STREET (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER Day 5TH year 1948 hour 7 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Sept 20 to Oct 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chamy myocarditis and myocardial degeneration  
Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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 C. B. Rector (M. D. or other)  
Address 720 Prospect Date signed 10/5/48

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3:30.5.9.10:30;1-7

**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.**