

FILED DEC 4 1948

State File No. _____

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4639

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: General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 hrs.
 In this community LIFE
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2824 E. 9 St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 11
 year 1948 hour 5 minute 55 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: MAY 8 1947
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 10, 1948 to Nov. 11, 1948; that I last saw her alive on Nov. 11, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 6 Days 3
 If less than one day hr. min.

Immediate cause of death Porencephaly-Bronchopneumonia
 Duration _____

9. Birthplace KANSAS-CITY- MO U
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Child-

Other conditions (include pregnancy within 3 months of death) 101

MOTHER FATHER
 11. Industry or business 1
 12. Name William-Scott-
 13. Birthplace Monterey Co MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise-Stidham-
 15. Birthplace KANSAS-CITY MO U
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy See above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant William-Scott
 (b) Address KANSAS-CITY- MO
 17. (a) BURIAL- (b) Date thereof 11-14-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? U

(c) Place: burial or cremation FORTUNA-MO
 18. (a) Signature of funeral director Keith McPage
 (b) Address ELDON MO
 19. (a) 11-12-48 (b) Ceraldine Holme
 (Date received local registrar) (Registrar's signature)

Wm. W. Hart (Specify type of place) _____
 While at work? _____ (c) Means of injury _____
 23. Signature Wm. W. Hart (M. D. or other) Med
 Address Med. Dir. Gen'l Hosp. 11-12-48
 Date signed _____

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

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 *Keith M. Hays*
Licensed Embalmer No. 3998
P. O. Address Eldon 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.