

FILED JUN 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18957

2488

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

BIRTH NO.		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 4194		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u>		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gashland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMITHVILLE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Howard Joseph SCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 27-1896</u>	
9. AGE (If years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRANSFER BUSINESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H. J. SCOTT</u>		11. BIRTHPLACE (State or foreign country) <u>Fairbury Nebraska</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZENRY OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George H. Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Phoebe French</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ruth Scott</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>NONE</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Scott</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Scott</u>		17. ADDRESS <u>7132 Oak</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary Thrombosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>45x1</u>	
19. DATE OF OPERATION		19a. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-11-49</u> , 19 <u>49</u> , to <u>6-11</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>6-11</u> , 19 <u>49</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. B. Hobbs, M.D.</u>				23b. ADDRESS <u>Smithville, Mo.</u>		23c. DATE SIGNED <u>JUNE 11-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 14-1949</u>		REG. <u>Beulah Kitchener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u>		ADDRESS <u>1331 Brush Creek Kansas City, Mo.</u>	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-21-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. J. Noflinger

Signed _____

Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Kansas City 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.