

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23215**
 Registrar's No. **3034**

FILED AUG 4 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3034</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2113 Campbell Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 2113 Campbell Street			
3. NAME OF DECEASED (Type or Print) a. (First) NORMA b. (Middle) BEAN c. (Last) SCOTT			4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1951				
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 15 SEPTEMBER 1942		9. AGE (In years last birthday) 8		If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME LEVI SCOTT		13b. MOTHER'S MAIDEN NAME LEOLA WILSON		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war/branch/dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME LEVI SCOTT ADDRESS 2113 Campbell Street			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY CONGESTION AND EDEMA ANTECEDENT CAUSES DUE TO (b) CEREBRAL CONGESTION <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> HYPERTROPHY OF BLADDER				INTERVAL BETWEEN ONSET AND DEATH 3 1/2 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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>5-21</u> , 19 <u>51</u> to <u>7-12</u> , 19 <u>51</u> that I last saw the deceased alive on <u>7-12</u> , 19 <u>51</u> , and that death occurred at <u>5:55P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE E. Frank Ellis MD (Degree or title)				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 7-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-16-51	24c. NAME OF CEMETERY OR CREMATORY WESTLAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS		
DATE REC'D BY LOCAL REG 7-17-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN ADDRESS K.C., Mo.			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 1271

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

State File No. 23215
Local Registrar's No. 3034

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of November, 1951, before me appears
Lewis Edward Scott, who, upon his oath, states that the original record of ^{birth} death
for Norma Jean Scott died July 12, 1951, in the State of
Missouri, and which was filed at Kansas City, Mo. on 7-17, 1951, should be corrected as follows:

- Item No. 8 should read January 15, 1942
Instead of September 1, 1942
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read file # 252-42 born in K.C. Mo.
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lewis Scott Father
Relationship.
1216 Olive K.C. Mo.
Present Address.

Subscribed and sworn to before me this 10th day of November, 1951.

My Commission expires Oct. 21, 1955 Gerie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

NOTARY PUBLIC
B.V. No. 135
OM 4-43
I X36687