

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5499
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Clare Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 307 N. 45 Registered No. 565
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME Marion Nancy Johnson 5-25
 (a) Residence, No. 307 N. 45 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1936
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 — 6 11
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. Mo
 FATHER
 13. NAME Marion H. Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 MOTHER
 15. MAIDEN NAME Mary K. Helin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 17. INFORMANT Marion H. Johnson
 (ADDRESS) 307 N. 45 Ch. K.C.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 14 - 38
 19. FUNERAL DIRECTOR Mrs. L. E. Forster
 (ADDRESS) 918 Brookhurst Avenue
St. Louis 38 Mo. Br. Browns
 20. FILED 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1938
 22. I HEREBY CERTIFY, that I attended deceased from Jan. 31 1938 to Feb 2 1938
 I last saw her alive on Feb. 2 1938 Death is said to have occurred on the date stated above, at 2:55 P. m.
 The principal cause of death and related causes of importance were as follows:
Labor Pneumonia
 Date of onset 108
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Group S. Hoyle M. D.
 (Signed) Group S. Hoyle
 (Address) 700 Prof. Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-3-37 I X12004

*For Signature
M.S. No. 7
May 1954*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....

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.)