

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9821

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mol (d) Street No. 3530 Belfontaine St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME

Mrs Eva Idella Johnson 525
(a) Residence, No. 3530 Belfontaine 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Springfield Ill.

FATHER 13. NAME Emerson Melvin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Mrs Iva Twitty
(ADDRESS) 3530 Belfontaine

18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE Bellville Kansas DATE 3/23/38 '19

19. FUNERAL DIRECTOR J. F. Layberry
(ADDRESS) 2315 Linwood St. C. Mo

20. FILED March 23, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-38 '19

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw Deputy Coroner 19... Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema
Chronic Endocarditis
(mitral stenosis) 925
Date of onset

Other contributory causes of importance:

Name of operation Pulm Date of 1938
What test confirmed diagnosis Pulm Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Violence Date of injury 3-21-38, 19...

Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Violence
Nature of injury Violence

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Violence
(Signed) Russell W. Smith, M. D.

(Address) St. Louis

WRITE CLEARLY, 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.

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.)