

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.

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

REC'D AUG 8 1938

24401
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Rau Primary Registration District No. 10.2 Registered No. 2906
 (c) City Lansan City (d) Street No. Research Hospital 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. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 8811 Thompson 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence M. Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1904
 7. AGE YEARS 33 MONTHS 9 DAYS 3 If LESS than 1 day, hrs. or min.
 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. at home
 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) Jewell Co. Kans.
 FATHER 13. NAME James Barclay
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Demings Co Iowa
 MOTHER 15. MAIDEN NAME Loueline Mapes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska city Neb.
 17. INFORMANT (NAME) (ADDRESS) Mr. Clarence M. Johnson 8811 Thompson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE July 20 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. M. Newcomer Son Bushcreek + Paseo
 20. FILED July 17, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-16 1938, to 7-18 1938
 I last saw her alive on 7-18 1938 Death is said to have occurred on the date stated above, at 2:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Paris & St. Louis
Chorea
Cause unknown
 Date of onset
 Other contributory causes of importance:
broncho-pneumonia
 Name of operation ✓ Date of ✓
 What test confirmed diagnosis? Was there an autopsy? Yes
 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 Walter Halberst (Signed) M. D.
 (Address) 1132 Park Bldg.

11-12-13
11-4-238

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 Neil Carr

Licensed Embalmer No. 3976

P.O. Address

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, above space should be left blank.