

REC'D FEB 20 1939

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

1104
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002 Registered No. 117
(c) City K. C. Mo. (d) Street No. 3046 E. 32nd St. 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. Sallie Jameson Liston
(a) Residence, No. 3046 E. 32nd St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arkenau</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14, 1854</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>	DAYS <u>25</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>			
	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) <u>Mt. Sterling</u> <u>1</u> <u>Kentucky</u>				
FATHER	13. NAME <u>John Jameson</u> <u>1</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> <u>9</u>			
MOTHER	15. MAIDEN NAME <u>Catherine Collins</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
17. INFORMANT (ADDRESS) <u>Mrs. J. A. Shoemaker</u> <u>3046 E. 32nd St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eldorado Spgs</u> DATE <u>Jan. 10, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John W. Wagner</u> <u>Kansas City, Mo.</u>				
20. FILED <u>Jan 10 1939</u> <u>M. M. Brown</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1939 to Jan. 9 1939
I last saw him alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 11:40 pm
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
131

Date of onset

Nov. 1938

Other contributory causes of importance:

Chronic nephritis Dec. 1938
and arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

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? No

If so, specify _____

(Signed) John A. Caldwell, M. D.

(Address) 636 Arroyo Bldg.
Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. John K. Caldwell

2902 E. 31st

LI 3550

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.....

Licensed Embalmer No.....

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.