

REC'D FEB 21 1939

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

2580
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 37
(c) City Independence (d) Street No. 1708 Claremont 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

Emily Sophia Johnson
(a) Residence, No. 1708 Claremont 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1880
7. AGE YEARS 58 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.
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) Barthage, Missouri
13. NAME Peter A. Malmberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden
15. MAIDEN NAME Therese M. Peterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record, Sweden
17. INFORMANT Mrs. Robert E. Moore
(ADDRESS) 1708 Claremont
18. BURIAL, CREMATION, OR REMOVAL PLACE Central Hills DATE Jan. 30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomas C. Cason
Independence, Mo.
20. FILED 2-30-39 1939 F. L. Leok
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 193922. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938 to Jan. 29, 1939Last saw alive on Jan. 28, 1939 Death is saidto have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
1-1-38

Other contributory causes of importance:

arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Chase Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) Charles Johnson, M. D.(Address) 507 Lamar St.Independence, Mo.

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.