

REC'D JUN 8 1939

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

17455  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kau Primary Registration District No. 1002  
 (c) City Hannaslety (d) Street No. General Hosp #2 Registered No. 1857  
 (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

(a) Residence, No. 1017 Harrison (Ready)  (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 M. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1891  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
47 11 14  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as law mill, bank, etc. Labor  
 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) Brunswick Mo.

FATHER 13. NAME Jake Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

MOTHER 15. MAIDEN NAME Harriett Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo.

17. INFORMANT (ADDRESS) Clyda M. Seals. 1017 Harrison.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5-5-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young + Brady 1513 1st St

20. FILED 5-3 1939 M.M. Craue Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-39 39

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1939, to 3 P., 1939. Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Encephalomalacia  
Acute Pulmonary Edema  
82C

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 \_\_\_\_\_  
 (Signed) Russell, M. D.  
 (Address) \_\_\_\_\_

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.

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**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

*L. Harris, Jr.*

Licensed Embalmer No. *3388*

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.**