

30 AUG 7 1939

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

24817
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 (d) Street No. 3214 Harrison 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edith Rebecca Johnston
 (a) Residence, No. 3214 Harrison SL (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1900

7. AGE YEARS 39 MONTHS 6 DAYS 4 IF LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Stenographer & Bookkeeper
 10. Date deceased last worked at this occupation (month and year) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
 13. NAME John Y. Johnston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Rebecca Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. Guy Poe Emerson Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Sigoufney, Iowa DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary 104 W. 42nd St., K.C., Mo.

20. FILE July 28, 1939 M.M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 16 1938 to July 28 1939
 I last saw her live on July 28, 1939 Death is said to have occurred on the date stated above, at 4:35 PM
 The principal cause of death and related causes of importance were as follows:
Carcinoma of cervical uteri

Date of onset Some time prior to Feb 1938

Other contributory causes of importance:
None

Name of operation None Date of.....
 What test confirmed diagnosis? Biopsy 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.....
 (Signature) Guy Poe, M. D.
 (Address) 1700 Professional

KC Mo

WRITE CAREFULLY 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Freeman
working under my personal supervision.

Registered Apprentice No.....

Signed.....
James Freeman

Licensed Embalmer No. *2939*

P. O. Address.....
H. C. Mo.

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.