

NOV 22 1939

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

36314  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400  
(b) Township Prairie Primary Registration District No. 6553B  
(c) City Little Blue Mo (d) Street No. Jackson Co Home Registered No. 203  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ROSA CHANT

(a) Residence, No. 1619 Tracy St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5-1894  
7. AGE YEARS 45 MONTHS 8 DAYS 19 If LESS than 1 day, .....hrs. or .....min.

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. unemployed  
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) Saline Co Mo

FATHER 13. NAME Don Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER 15. MAIDEN NAME Catherine Moten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co, Mo.

17. INFORMANT Don Johnson (ADDRESS) 1405 Washington

18. BURIAL, CREMATION, OR REMOVAL Black Ridge Lawn (ADDRESS) K.C. Mo. DATE 11-3-39

19. FUNERAL DIRECTOR Thyrum + Greenstreet (ADDRESS) K.C. Mo.

20. FILED 10-31-1939 Sarah L. Barnes Local Registrar

MEDICAL CERTIFICATE OF DEATH 10 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-39 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1939, to Oct. 24, 1939  
I last saw him alive on Oct. 24, 1939 Death is said to have occurred on the date stated above, at ..... m.

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

Coronary Artery  
Heart  
Myocardial Infarction  
Paralysis  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phys Exam 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 10-24-39

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 Low Back

(Signed) L. W. Bookert, M. D.

(Address) 2028 Vine St

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.

WHILE LIVING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X41023

**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.....

*Edw Stewart*

Licensed Embalmer No.....

*3876*

P. O. Address.....

*1819 E 15 St KC 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.**