

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas city**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1410 Indiana**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **60 Years**  
In this community **60 Years**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **John Lewis Mercer (Alias Johnson)**

8. (b) If veteran, name war **No** (c) Social Security No **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Melissa B.** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **November 18, 1869**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **10** If less than one day hr. min.

9. Birthplace **Pekin Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman, Street Repair**

11. Industry or business **Kansas City, City of**

MOTHER FATHER  
12. Name **Asbury Mercer**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Eckles**  
15. Birthplace **Pekin Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Melissa B. Johnson**  
(b) Address **1410 Indiana**

17. (a) **Burial** (b) Date thereof **Jan. 30, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**  
(b) Address **Kansas City, Mo.**

19. (a) **Jan 28, 1941** (b) **M. M. Groom**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **1410 Indiana Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1410 Indiana**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28**  
year **1941** hour **4A** minute **4A** M.

21. I hereby certify that I attended the deceased from **Jan 28**  
**1941**, to **Jan 28**, **1941**  
that I last saw him alive on **Jan 28**, **1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of the heart**

Due to **95E**  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Geo. J. McCarty** (M. D. or other)  
Address **1406 Indiana** Date signed **Jan 28-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1945

RECEIVED  
MAY 15 1945

**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 *H. B. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *I. 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.**