

No. 2  
4-13-40  
1-17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS  
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9806

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1215

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3918 Charlotte  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether  
In this community 32 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 804 East 42nd St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Emma J. Mercer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife E. A Mercer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 18 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>5</u>	_____ hr. _____ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W J Lansdowne  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mary Wines  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Lansdowne  
(b) Address 804 East 42 Nd St

17. (a) Burial (b) Date thereof March 26 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director M. J. W. Wagner  
(b) Address H. E. West

19. (a) 3/25/41 (b) M. M. Groves  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23  
year 1941 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept. 1940 to 3/23 1941;  
that I last saw her alive on 3/23 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3/21/41  
Due to Chronic Myocardial and Mitral Insufficiency  
Due to Childhood Chorea  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury D  
23. Signature A. O. Ziegler (M. D. or other)  
Address 249 Plaza Med. Bldg Date signed 3/24/41

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

**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.....

*R. R. Haurschild*

Licensed Embalmer No.....

*4159*

P. O. Address.....

*R. 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, fact should be so stated above.**