

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1219

State File No. _____

FILED JAN 17 1945
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5408

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

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:
Research Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 wks.
(Specify whether years, months or days)
 In this community 22 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Isabelle M. Johnston
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, marrie
 6. (b) Name of husband or wife Matthew A.
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Nov. 3, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>1</u>	<u>28</u>	hr. _____ min.

9. Birthplace San Antonio Tex.
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

MOTHER FATHER {
 11. Industry or business _____
 12. Name S. M. Carley
 13. Birthplace Schenectady N. Y.
(City, town, or county) (State or foreign country)
 14. Maiden name Daisy Daniels
 15. Birthplace San Francisco Calif.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Matthew A. Johnston
 (b) Address Independence, Mo. R. 2, B
 17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-2-45
(Month) (Day) (Year)
 (c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Ott & Mitchell
 (b) Address Independence, Mo.

19. (a) 12-31-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson ⁴⁷
 (c) City or town Independence ⁶
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D # 2 Box 710 ³
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Nov. 19, 1944
 _____, 19____, to Nov. 21, 1944;
 that I last saw he alive on Nov. 28, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Respiratory Paralysis</u>	<u>2 hrs.</u>
Due to <u>Brain Tumor</u> <u>(M.M.O.)</u>	<u>2 mos.</u>
Due to _____	_____

Other conditions 57 d
(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 D. E. Brown (M. D. or other) _____
(Specify type of place) (e) Means of injury
 Address 1418 Poly. Bldg. S. C. Mo. Date signed 1-8-45

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.....

Licensed Embalmer No.....

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, fact should be so stated above.

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 *Me*

Registered Apprentice No.

working under my personal supervision.

Signed *Henry J. Mitchell*

Licensed Embalmer No. *3925*

P. O. Address *Indep 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.