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v. 17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1326

FILED APR 1 1947  
Registration District No. 149

Primary Registration District No. 1002

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:  
2845 Belleview  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 50 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. 2845 Belleview  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESSE W NORTHINGTON

3. (b) If veteran, name war No

3. (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 Emily Northington

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Oct 10 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

88 5 29 hr. min.

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

10. Usual occupation Retired--IceMan

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

MOTHER FATHER { 12. Name S. E. Northington

13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Needham

15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emily Northington

(b) Address 2845 Belleview

17. (a) Removed (b) Date thereof 3/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emporia Kansas

18. (a) Signature of funeral director Thurston Goben

(b) Address 20 West Linwood

19. (a) 3-21-47 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day March  
year 1947 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1945 to 3/19/1947,  
and that death occurred on the date and hour stated above. 3/18/1947

Immediate cause of death: Cardio-renal-chronic myocarditis + failure + hyp.  
Hypertension

Due to \_\_\_\_\_ Duration 3 days

Due to arteriosclerosis - senility

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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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)  
(e) Means of injury 0

23. Signature C. C. Chamer (M. D. \_\_\_\_\_)  
Address 242 Plaza Midway Date signed 3/19/47

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**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 Howard W Farmer  
Licensed Embalmer No. 4134  
P. O. Address Kansas City 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.**