

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16294

State File No.

FILED JUN 12 1948/49  
Registration District No.

Primary Registration District No. 1002

Registrar's No. 2279

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:  
6238 East 10th. Street /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 50 Years

3: (a) PRINT FULL NAME Mollie Belle Deming  
 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 Divorced  
 6. (b) Name of husband or wife Unknown  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: 1 29 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Taylor Paul

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

14. Maiden name Kitty Alexander

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

16. (a) Informant Mrs. Myrtle Avitt

(b) Address 3932 Brooklyn

17. (a) Burial (b) Date thereof 6-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Bluff Springs Cemetery, Kingsville, Mo.  
 (c) Place: Burial or cremation

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 6-1-48 (b) Steadline Holman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6238 East 10th. Street 8  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st  
 year 1948 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1936  
 \_\_\_\_\_, 19\_\_\_\_ to 5/26/48, 19\_\_\_\_  
 that I last saw her alive on 5/26/48, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with myocardial infarction.  
(Occured suddenly in the home. No ECG,  
 Due to hence, not possible to state whether anterior or posterior infarction.  
 Due to \_\_\_\_\_

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

Major findings:  
 Of operations 9/48  
 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)  
 (e) Means of injury 0

23. Signature Paul B. Johnson (M. D. or other) \_\_\_\_\_

Address 3011A Independence Ave Date signed 6/1/48

1-34

Dr. Paul A. G. Johnson  
3011A. Indep. Ave.  
Pe 7943

**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 Jerry A. Minon  
Licensed Embalmer No. 4496

P. O. Address 918 Brooklyn, K.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.**