

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37578

State File No.

BIRTH NO. _____		REG. DIST. NO. _____		149		PRIMARY REG. DIST. NO. _____		1002		Registrar's No. _____		4711	
1. PLACE OF DEATH a. COUNTY Jackson						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline							
b. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City				c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Town Marshall				d. STREET ADDRESS (If rural, give location) 582 W. Boyd			
d. FULL NAME OF HOSPITAL OR INSTITUTION 721 W. 11th.													
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Perry			c. (Last) Wills			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1949				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 1, 1884		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Milton Johnson				13b. MOTHER'S MAIDEN NAME Mary Dennis				14. NAME OF HUSBAND OR WIFE John Wills					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mary Sands				ADDRESS K. C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p><i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation left								<p>410 X</p>			
		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) senile cycosis simple deterioration</p>											
		<p>II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>cardiovascular renal possible shock</p>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from on Nov. 2, 1949 , to Nov. 2, 1949 , that I last saw the deceased alive on Nov. 2, 1949 , and that death occurred at 7:30A m. , from the causes and on the date stated above.													
23a. SIGNATURE S. H. Langmaid D.O. (Degree or title)						23b. ADDRESS 3103 Troost			23c. DATE SIGNED Nov. 5, 1949				
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-5-49		24c. NAME OF CEMETERY OR CREMATORY --		24d. LOCATION (City, town, or county) (State) Marshall, Mo.							
DATE REC'D BY LOCAL REG. 11-5-49		REGISTRAR'S SIGNATURE Steraldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger, Marshall, Mo.							

WRITE PLAINLY—USING 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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

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.

(etc.) It means the disease, injury, or complication which caused death.		DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cardiovascular vessel possible shock new report 11-7-49		494101			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		Kansas City, Jackson, Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>on Nov 2 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>Nov 2</u> , 19 <u>49</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above. <u>Nov 5, 1949</u>											
23a. SIGNATURE S.H. Langmaid (Degree or title) <i>S. H. Langmaid D.D.</i>				23b. ADDRESS <i>315 S. Trower</i>				23c. DATE SIGNED <i>Nov 5, 1949</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>11-5-49</i>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <i>MARSHALL, Mo.</i>					
DATE REC'D BY LOCAL REG. <i>11-5-49</i>		REGISTRAR'S SIGNATURE <i>Sheldine Holmes</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Harry Herakleyan Marshall, Mo.</i>				ADDRESS	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph P. Mackler

Licensed Embalmer No. *4571*

P. O. Address *Marshall, 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.