

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1455**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **415**

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:
1410 Indiana
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **60 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **1410 Indiana Kansas City** **5**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. **1410 Indiana**
(If rural, give location) **0**
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **John Lewis Mercer (Alias Johnson)**

8. (b) If veteran, name war **No** 8. (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 **Melissa B.** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **November 18, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	2	10	hr. _____ min.

9. Birthplace **Pekin Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Foreman, Street Repair**

11. Industry or business **Kansas City, City of**

12. Name **Asbury Mercer**

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

14. Maiden name **Margaret Eckles**

15. Birthplace **Pekin Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Melissa B. Johnson**

(b) Address **1410 Indiana**

17. (a) **Burial** (b) Date thereof **Jan. 30, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas city, Mo.**

19. (a) **Jan 28, 1941** (b) **M. M. Groome**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28**
 year **1941** hour _____ minute **44** M.

21. I hereby certify that I attended the deceased from **Jan 26**
 _____, 1941, to **Jan 28**, 1941

that I last saw him alive on **Jan 21**, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of the Heart** Duration

Due to _____ **95 E**

Due to _____

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)
 (e) Means of injury _____

23. Signature **Geo. J. McCarty** (M. D. or other) **D**

Address **1400 Indiana** Date signed **Jan 28-41**