

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1455**
Registrar's No. **415**

Registration District No. **399** 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: **1410 Indiana**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 Years** (Specify whether
In this community **60 Years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **1410 Indiana Kansas city**
(If outside city or town limits, write "RURAL")
(d) Street No. **1410 Indiana** (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** 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 **71** Months **2** Days **10** If less than one day hr. min.

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

10. Usual occupation **Foreman, Street Repair**
Kansas City, City of

11. Industry or business

MOTHER FATHER { 12. Name **Asbury Mercer**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 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 **4:45** 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 28**, **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?

23. Signature **Geo. J. McCarty** (M. D. or other)
Address **1400 Indiana** Date signed **Jan 28-41**
(Specify type of place) (e) Means of injury