Copied from local registrar's records 2-15-54 Geraldine Smith, Local Registrar

S. No. 300
M—10-47
r. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22469 a

FILED FEB 25 1954

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3095

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: General Hospital
(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: —

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.: 2905 Cherry
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Bertha J. Johnson

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leona E. Johnson

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

7. Birth date of deceased: October (Month) 3 (Day) 1880 (Year)

8. AGE: Years 38 | Months 9 | Days 22 | If less than one day: ____ hr. ____ min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Contractor

FATHER
12. Name: Wm. E. Johnson
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Minnie E. Carroll
15. Birthplace: (City, town, or county) Ohio (State or foreign country)

16. (a) Informant: Leona E. Johnson
(b) Address: 13 Rowfield St. Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-26-19 (Month) (Day) (Year)
(c) Place: burial or cremation: Joplin, Mo.

18. (a) Signature of funeral director: Carroll & Mast
(b) Address: 1915 E. 15th

19. (a) 7-26-19 (Date received local registrar) (b) Ada Irmas Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1919 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 19, 1919, to July 25, 1919; that I last saw ~~him~~ alive on July 25, 1919; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Maniac Depressive Insanity	6 days
Due to: Exhaustion due to becoming violent	6 days
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Fred Drummond (M. D. ~~or other~~)
Address: K.C. Gen. Hosp. Date signed: 7-26-19

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1954

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.....

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.