MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 44475

Registered No. 147

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME: (Stillborn) Johnson

(a) Residence, No. 3415 Messington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-4-37

7. AGE: Years (Stillborn) Months Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Missouri

FATHER

13. NAME: Henning Efraim Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trelleborg Sweden

MOTHER

15. MAIDEN NAME: Augusta Joann Neubauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville Mo.

17. INFORMANT (ADDRESS): Henning Efraim Johnson (father) 3415 Messington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 12/6/37, 19

19. UNDERTAKER (ADDRESS): Mellody-McKilley K. C. Mo.

20. FILED: 12/6, 19 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 4, 19 7

22. I HEREBY CERTIFY, That I attended deceased from birth 12/4, 19 7, to 12-4, 19 7

I last saw h.... alive on —, 19.... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Stillborn due to Chronic Intestinal nephritis in mother. — Date of onset

Other contributory causes of importance: —

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury: —

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify:

(Signed) Edwin Allfrey, M. D.

(Address) 1032 Sun B—

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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