

REC'D MAY 9 1938

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

L3786
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kau Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Isom Hospital Registered No. 1766
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Minnie L. Johnson
(a) Residence, No. 1315 Paseo Blvd. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 21 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 4 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, etc.
10. Date deceased last worked in this occupation (month and year) 20 years wife 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME Lee Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Mollie Barber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Luke Johnson
1315 Paseo Blvd.

18. BURIAL, CREMATION, OR BEYOND PLACE Blue Ridge DATE 4-25-38

19. FUNERAL DIRECTOR (ADDRESS) W. B. Moore
1820 E. - 18 - 25

20. FILED Apr 26, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1938

22. I HEREBY CERTIFY that I attended deceased from 19 to 19

I last saw him/her on Apr 24 1938 Death is said to have occurred on the date stated above, at 8:24 P. M.

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

Arteriosclerosis Date of onset

Hypertensive Myocardial

Other contributory causes of importance:

Name of operation Autopsy Date of Apr 24

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Apr 24, 1938

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) Russell W. Brown M. D.

(Address) None

STATEMENT BY LICENSED EMBALMER

I, AB Moon, Licensed Embalmer No. 2410
hereby certify that the body recorded on the reverse side of this certificate was embalmed by AB Moon
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed AB Moon
Licensed Embalmer No.

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.)