

REC'D NOV 21 1938

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

34648

Do not use this space.

1. PLACE OF DEATH
- (a) County Jackson Registration District No. 399
- (b) Township Blue Primary Registration District No. 1002
- (c) City Kansas City - Mo. (d) Street No. Leeds Hospital Registered No. 3984
- (e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME. Martha Johnson
- (a) Residence, No. 3316 E. 194 St. Seward St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Johnson</u>		
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14<sup>th</sup> 1884</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>27</u>
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, bank, etc. <u>laundress</u>		
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) <u>Lebanese</u>		
13. NAME <u>Milton Walker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Isabel Calhoun</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>K. C. J. B. Hospital</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL <u>Edinwood</u> DATE <u>Oct 13 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Rose &amp; Bender</u> <u>1116 E. 194 St.</u>		
20. FILED <u>Dec 12 1938</u> M. M. Brown Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1938, to 10-11, 1938

I last saw h. em alive on 10-11, 1938. Death is said to have occurred on the date stated above, at 8:00 P. m.

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

Pulmonary tuberculosis

Date of onset 2-1-35

Other contributory causes of importance:

Name of operation none 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? none  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, none, 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 \_\_\_\_\_

(Signature) [Signature] M. D.  
(Address) [Address]

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**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, above space should be left blank.**