

REC'D MAY 10 1939

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

13981

Do not use this space.

Registered No. 1735

1. PLACE OF DEATH

(a) County..... Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 1726 Madison St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Maggie Johnson

(a) Residence, No. 1726 Madison 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Spencer Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-10-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 13
 OCCUPATION 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. Housewife
 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) Missouri13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Helen Cunningham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mrs. Nettie Mack.
1726 Madison Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 4-27-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Moore
1820 East 18th Street. K.C. Mo20. FILED Apr 25 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-39, 1922. I HEREBY CERTIFY, That I attended deceased from 4/11 1939 to 4/22 1939I last saw him alive on 4/22/39. Death is said to have occurred on the date stated above, at 12.15A.M.

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

Mitral Insufficiency Date of onset 4/1/39
131

Other contributory causes of importance:

Chronic Nephritis 1931Name of operation Chronic Date of 1931What test confirmed diagnosis? Chronic Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19Where 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 injury24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Chronic Nephritis M. D.(Signed) Chronic (Address) 1603-E-184

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,

JAB Moore

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

JAB Moore

Licensed Embalmer No. *2410*

P. O. Address *K.C. Mo*

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.