

REC'D AUG 7 1939

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

24668
Do not use this space.

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. ST. JOSEPH'S HOSPITAL Registered No. 2881
 (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 MRS. AMANDA SOFIA JOHNSON
 (a) Residence, No. 5600 - EAST - 11TH 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ADOLPH JOHNSON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 24 - 1872
 7. AGE YEARS 66 MONTHS 10 DAYS 20 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as 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) SWEDEN
 13. NAME FREDERICK JOHNSON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
 15. MAIDEN NAME SOPHIA JOHNSON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEDEN
 17. INFORMANT MR ADOLPH JOHNSON
 (ADDRESS) 5600 - EAST - 11TH STREET
 18. BURIAL, CREMATION, OR REMOVAL PLACE ELM WOOD DATE JULY - 17 - 1939
 19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS
 (ADDRESS) 1401 - BRUSH CREEK BLVD
 20. FILED July 17 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY - 14 - 1939
 22. I, HEREBY CERTIFY, That I attended deceased from 6 - 20 1939 to 7 - 14 - 1939
 I last saw her alive on 7 - 13 - 1939 Death is said to have occurred on the date stated above, at 2:05 A.M.
 The principal cause of death and related causes of importance were as follows:
Septicemia with toxic vegetation
Septicemia - Hemolytic
Septicemia - (Organ unknown)
 Other contributory causes of importance:
Infect of lungs
Edematous
 Name of operation no Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) R. Claffey, M. D.
 (Address) 1105 Grand

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.

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 *N. C. Mc*

Licensed Embalmer No. 40430

P. O. Address N. C. Mc

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.