

Registration District No. 399Primary Registration District No. 1002Registrar's No. 505

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution General Hospital #2 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-29-40-2-1-40
(Specify whether years, months or days)

In this community 57 years

3. (a) PRINT FULL NAME

Lula Johnson3. (b) If veteran, name war no3. (c) Social Security No. no4. Sex Female5. Color or race negro6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife James Johnson6. (c) Age of husband or wife if alive unknown7. Birth date of deceased 11
(Month)13 1882
(Day) (Year)

8. AGE:

Years 57Months 2Days 18

If less than one day

hr. min.

9. Birthplace

Tennessee
(City, town, or county)Tennessee
(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name Don't know13. Birthplace Tenn
(City, town, or county)Tennessee
(State or foreign country)14. Maiden name Lizzie Wendell15. Birthplace Tenn
(City, town, or county)Tennessee
(State or foreign country)16. (a) Informant's own signature Recorder Clerk(b) Address General Hospital #217. (a) Highland Cemetery (b) Date thereof 2-5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cemetery18. (a) Signature of funeral director West Applton Jones(b) Address 1905 Vine St19. (a) Feb. 3, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
0 2309 Woodland
 (d) Street No. 0 2309 Woodland
(If rural, give location)
 (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1
year 40 hour 11 minute 25 A.M.21. I hereby certify that I attended the deceased from 1-29- 1940 to 2-1- 1940
that I last saw her alive on 2-1- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Nephritis

Duration

Due to 131

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Means of injury)23. Signature D. O. Surue (M. D. or other) _____
Address Gen. Hosp #2 Date signed 2-3-40

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 C. W. West,

Licensed Embalmer No. 2710

P. O. Address 1905 Vine 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.