S. No. 2
—11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5466

Registrar's No. 691

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:
1706 Kensington Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits write "RURAL")

(d) Street No. 1706 Kensington Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Miss Betty Jo Johnson 320

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June (Month) 18 (Day) 1923 (Year)

8. AGE: Years 16 Months 7 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Senior Student

11. Industry or business East High School

FATHER
12. Name Joseph P. Johnson
13. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sallie Dwyer
15. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Loyd D Johnson
(b) Address 330 Olive Leavenworth Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem. Bolivar, Mo.

18. (a) Signature of funeral director Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 15, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__;
that I last saw him alive on ____ 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to Carbon monoxide poisoning

Due to 178

Other conditions 11
(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) Accident
(b) Date of occurrence 7-14-40
(c) Where did injury occur? K.C. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Fumes from Cap Cumer (Specify type of place)
While at work ____ Means of injury 11

23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Harvey Quisenberry

Licensed Embalmer No. 4070

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.