FILED MAY 13 1940

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

14290
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 3 Registration District No. 85
(b) Township St. [illegible] Primary Registration District No. 1001 Registered No. 374
(c) City or Town St. Joseph, Mo. 0 (d) Street No. State Hospital #2. 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. 7 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
525

2. PRINT FULL NAME Minnie Johnson
(a) Residence, No. St. Hosp. #2, St. Joseph St. Mo. 1724 Indiana Ave., K.C.Mo
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown BART B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown ABOUT 1866

7. AGE: Years Unknown 74; Months ?; Days ?; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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) Ohio

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT State Hospital Records
(ADDRESS) St. Joseph, Mo. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE Apr. 1, 1940

19. FUNERAL DIRECTOR (NAME) H.O.Sidenfaden & Son
(ADDRESS) 1802 Union St. St.Joseph, Mo.

20. FILED Apr 1, 1940 A.J. Mitchell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/27/40, 19..., to 4/1/40, 19...
I last saw her alive on April 1, 1940, 19... Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease and Cerebral Accident Vascular	? 3/31/40

Other contributory causes of importance:
Emaciation and general arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

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) Sam Nelken, M. D.
(Address) State Hospital No. 2, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

PRINTED WITH CARBON INK—THIS IS A PERMANENT RECORD

1 X16605

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 Myrel

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Yuma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.