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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Johnson

State File No. 20683

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2300

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4939 Walnut St., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days) In this community Unknown

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. 4939 Walnut St., (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Theressa S. Johnson, 525

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 Married,

6. (b) Name of husband or wife Dale Johnson,

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

7. Birth date of deceased May (Month) 18 (Day) 1890, (Year)

8. AGE: Years 50 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business William Ste

FATHER
12. Name William Stewart,
13. Birthplace Illinois, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wilson,
15. Birthplace Illinois, (City, town, or county) (State or foreign country)

16. (a) Informant Dale Johnson,

(b) Address 4939 Walnut St., K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6-5-40 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) June 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1940 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from May 21, 1939, to June 3rd, 1940, that I last saw her alive on June 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion. Infarction left ventricle

Due to

Due to 94B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary occlusion

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Griffith (M. D. or other)

Address 1225 Rialto Bldg Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. C. Griffith
Realto Bldg
Va 3647

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 Dewey Towner Jr, Registered Apprentice No. 222 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

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.