

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21224

State File No. _____

JUL 12 1940
Registration District No. 85Primary Registration District No. 1001Registrar's No. 626

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1310 Buchanan Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 years, months or days) 25 years

8. (a) PRINT FULL NAME Artimicia Johnson 5258. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive 60 years7. Birth date of deceased August 14, 1876
(Month) (Day) (Year)8. AGE: Years 63 Months 9 Days 20 If less than one day
hr. _____ min. _____9. Birthplace Princeton Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Own Home12. Name John Wiggins13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)14. Maiden name Anna Karnes15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. W. E. Phillips(b) Address Liberty Mo.17. (a) burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place of burial or cremation Mt. Mora Cemetery18. (a) Signature of funeral director Walter Meierhoffer(b) Address 1302 Faraon, St. Joseph, Missouri19. (a) June 6, 1940 (b) H. J. Kettlebusch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1310 Buchanan Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1940 hour 4 minute 8 A. M.21. I hereby certify that I attended the deceased from
June 5th Viewed 19 40

that I last saw the deceased on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary
Thrombosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy none

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? _____

85 While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature B. W. Tadlock Coroner (M. D. or other) _____Address King Hill Building Date signed 6-5-40

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.....

H. H. Kelly

Licensed Embalmer No. *3946*

P. O. Address..... *St. Joseph, Missouri.*

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.