

JAN 25 1941

Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **328**

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
110 So. Pendleton
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 55
years, months or days 2

8. (a) PRINT FULL NAME MARY MAE JOHNSON.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert S. Johnson. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 31 - 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Gray Co Ontario Canada
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER { 12. Name John A. Kennedy }
 { 13. Birthplace _____ }
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Mary Sloan }
 { 15. Birthplace _____ }
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert S. Johnson

(b) Address 110 S Pendleton

17. (a) Burial (b) Date thereof Dec 29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Att + Mitchell

(b) Address Independence, Mo

19. (a) Dec 28 40 (b) F. L. Cook, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 110 So. Pendleton
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
 year 1940 hour 9:40 minute a.m.

21. I hereby certify that I attended the deceased from Dec 16, 1940, to Dec 26, 1940
 that I last saw her alive on Dec 26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Lobar Pneumonia (bi-lateral)

to Chronic Arthritis Reformatans

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

22. If death was due to external cause, 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? _____

360 While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature F. L. Cook M.D. (M. D. or other) _____

Address 202 S. Orange Independence Mo Date signed 12/26/40

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

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7

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42760

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Mae Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 25 If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) June 16 1941 (b) E. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 26 year _____ hour _____ minute _____ 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 _____

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) (e) Means of injury _____

23. Signature J. Lewis (M.D. or other) _____
Address Independence, Missouri

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

SUPPLEMENTAL

87-111

88

89

90-112

91-113

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94-114

95-115

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97-116

98-117

99-118

100-119

101

102-120

103-121

104