

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1257**
217
Registrar's No. _____

Registration District No. **399** Primary Registration District No. **1002**

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: **Vineyard Park Hospital** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Month 22 Days**
(Specify whether years, months or days)
In this community **45 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **49**
(c) City or town **Kansas City** **103**
(If outside city or town limits, write "RURAL")
(d) Street No. **3640 Jackson Avenue**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? **---** years.

3. (a) PRINT FULL NAME Mrs. Marguerite Elizabeth Johnson
3. (b) If veteran, name war No **3. (c) Social Security No. None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14th
year **1941** hour **2** minute **55 A.** M.

4. Sex Female **5. Color or race White**
6. (a) Single, widowed, married, / divorced Married
6. (b) Name of husband or wife Mr. Henry E. Johnson
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased June 14 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Nov 23 1940 to Jan 14 1941
that I last saw him alive on **Jan 13 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **43** Months **7** Days **0** If less than one day
hr. min.

Immediate cause of death
Cerebral thrombosis & cerebral malaria **14 days**
Due to **Coronary artery left ovary + uterine tubes** **1 1/2 yrs**
Due to **44 yrs**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **Emaciated & debilitated**
Of operations
Of autopsy: **None - by autopsy**

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

10. Usual occupation Housewife

11. Industry or business
12. Name George E. Hughes
13. Birthplace Lawrence Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Hughes
15. Birthplace Pittston Pennsylvania
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Johnson
(b) Address 3640 Jackson Ave

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?

17. (a) Burial (b) Date thereof **Jan 16 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 1441 Elmwood
18. (a) Signature of funeral director W. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Jan 15 1941 (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature J. S. Sheldon (M. D. or other)
Address 952 West 1st St. Mo Date signed **1-14-41**

Johnson

St. Joseph's Hospital

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 *A. C. Newcomer*

Licensed Embalmer No. *4043*

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, fact should be so stated above.