. No. 2
-4-13-40
5-17-39
PI X23159

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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1379

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 339

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: 442 East Meyer Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community over 40 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 442 East Meyer Blvd., 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Agnes M. Johnson,

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 Widowed, 2

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

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

7. Birth date of deceased October (Month) 21 (Day) 1859 (Year)

8. AGE: Years 81 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Edwin E. Harris,
13. Birthplace (City, town, or county) Virginia, / (State or foreign country)

MOTHER
14. Maiden name Margaret Cox,
15. Birthplace (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Mrs. Mary Bland,
(b) Address 442 East Meyer Blvd., K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 1-24-41 (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) Jan 23 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd year 1941 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from January 8, 1941, to January 21, 1941; that I last saw her alive on January 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degenerational of Heart following	
Due to Cerebral Hemorrhage	
Due to 935	
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? ✓ (Specify type of place)
While at work? (e) Means of injury

23. Signature Harold A. Pallett (M. D. or other) M.D.
Address 1132 Professional Bldg. Date signed 1/23/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pallett,
Vi 4238 Prof. Bldg
1 to 4

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 Willis H. Bennett, Registered Apprentice No. 282, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1416

P. O. Address K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.