

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13479
State File No.
1460
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

18
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Mary's Hospital
(d) Length of stay: In hospital or institution 40 days
In this community same years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 19th
(c) City or town Drexel
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Hubert E. Johnson
3. (b) If veteran, name war. NO
3. (c) Social Security No. 702-72-1342

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 12th year 1941 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Jan. 30, 1941, 19 to April 12, 1941, that I last saw him alive on April 12, 1941, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Goldie Johnson
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Sept 19 1893 (Month) (Day) (Year)

Immediate cause of death Terminal uremia
Cardiac decompensation
Due to Chronic (malignant) hypertension
Due to Chronic glomerulonephritis
Other conditions (Include pregnancy within 3 months of death) 12/8
Major findings: Of operations
Of autopsy none

8. AGE: Years 47 Months 6 Days 29 If less than one day hr. min.
9. Birthplace Missouri (City, town or county) (State or foreign country)

10. Usual occupation Telegraph Operator
11. Industry or business
12. Name W. A. Johnson
13. Birthplace Kansas (City, town or county) (State or foreign country)
14. Maiden name Lilly Reese
15. Birthplace North Carolina (City, town or county) (State or foreign country)

16. (a) Informant Mrs Goldie Johnson
(b) Address Drexel Mo.
17. (a) Drexel Mo (b) Date thereof 49/14/41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Drexel Mo
18. (a) Signature of funeral director H. E. McClure
(b) Address K. C. Mo.
19. (a) Apr. 13 1941 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

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 C. J. Vincent (M. D. or other) 4/12/41
Address 800 Argyle Bldg Date signed

1417822

JAN 6 1958

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 Felix Renz
Licensed Embalmer No. H127
P. O. Address Kansas City 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.