S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24032

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2571

048
3
8

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6-18-41-7-4-41 (Specify whether
In this community 30 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1610 E. 11th St., 3rd fl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henrietta Johnson
3. (b) If veteran, name war
3. (c) Social Security No. 487-07-3199
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Nathan Unknown
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased March 20, 1891 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	3	15	hr. min.

9. Birthplace Leavensworth (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Maid
11. Industry or business
FATHER
12. Name Alexander Barnes
13. Birthplace Miss. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Ellen Alexander
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Nathan Williams
(b) Address 1610 E. 11th St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem.
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave.
19. (a) 7-8-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4
year 41 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from 6-18- 1941 to 7-4- 1941;
that I last saw her alive on 7-4- 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Toxemia following Gangrene of lower Leg.	
Due to Hypertensive Heart Disease with Cardiac Decompensation followed by	
Due to Circulatory Gangrene of Left Foot & Lower Third of Leg.	
Other conditions (Include pregnancy within 3 months of death) 92D	
Major findings: Of operations 93D	
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 R. C. Lurner (M. D. or other) 0
Address Gen. Hosp #2 Date signed 7-7-41

C

(Licensed Embalmer's Statement on Reverse Side)

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. 3994

P. O. Address 2503 Highland

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.