

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30724**

FILED OCT 13 1941
Registration District No. **279**

Primary Registration District No. **1002**

Registrar's No. **3481**

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:
5701 Wornall Road /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **----**
(Specify whether
In this community: **6 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")
(d) Street No. **5701 Wornall Road 8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **----**

3. (a) PRINT FULL NAME **Helene A. King Johnston**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Robert C. Johnson** 6. (c) Age of husband or wife if alive **----** years

7. Birth date of deceased: **February 3 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **14**
If less than one day hr. min.

9. Birthplace: **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **----**

12. Name **Unknown King**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Deborah Stevens**

15. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Henry Nison**

(b) Address **5701 - Wornall Rd**

17. (a) **Burial** (b) Date thereof **Sept. 19, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kansas**

18. (a) Signature of funeral director **A. H. Newcomer's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **9/18/41** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17th**
year **1941** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 14**
19**41** to **Sept 17** 19**41**
that I last saw her alive on **Sept 19** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocardial Infarction** Duration **4 days**
Coronary Arteriosclerosis years.
Chronic Nephritis

Other conditions: **1941**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1318**
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) (c) Means of injury
23. Signature **David B. Peterson** (M. D. or other)
Address **928 (Highway)** Date signed **9/18/41**

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

8
3
8

1200
4-6

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..... *H. O. K. W. C. M. E. R.*
Licensed Embalmer No. *4043*
P. O. Address *Mo. 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.