

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42102

Registration District No. 400

Primary Registration District No. 5553B

State File No. _____

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co Home for Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 yrs
(Specify whether _____)

In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

(c) City or town Little Blue
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME HARRY JOHNSON

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1941 hour 10 minute 40 A.M.

4. Sex m 5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jena Johnson

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1941 to Dec 13, 1941
that I last saw him alive on Dec 13, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day
about 65 hr. _____ min.

Immediate cause of death arterio-sclerotic insufficiency

Due to _____

Due to _____

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

Other conditions ulcerative colitis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Common Laborer

11. Industry or business _____

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant County Home Records

(b) Address Little Blue Mo

17. (a) Burial (b) Date thereof 12-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn KC Mo

18. (a) Signature of funeral director Flynn & Greenstreet

(b) Address 1819 E. 15th KC Mo

19. (a) 12-19-41 (b) Geo. J. Barnes
(Date received local registrar) (Registrar's signature)

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) _____

23. Signature L. W. Booker (M. D. or other) _____

Address 2028 Vine St. Date signed 12/20/41

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

48
00

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.

P.O. Address.....

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.