

FILED MAY 4 1942  
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Primary Registration District No. 5553B

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson  
(c) Name of hospital or institution: Jackson Co. Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON  
(c) City or town LITTLE BLUE MO  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

MAGGIE JOHNSON

(b) If veteran, name war No

(c) Social Security No. NONE

4. Sex FE 3 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DAVID JOHNSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 1 1897  
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation POMESTIC

11. Industry or business HOME

12. Name P. V. DAVIS

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

14. Maiden name EVA ADKINS

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

16. (a) Informant FLOYD DAVIS

(b) Address 5106 CHERRY KE MO.

17. (a) BURIAL (b) Date thereof 4-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND Cem

18. (a) Signature of funeral director Phyllis Greenstreet

(b) Address 1819 E. 15th K.C. Mo.

19. (a) 4-16-42 (b) P.M. Borch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1942 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from April 5, 1942, to April 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Schizophrenia  
(Document to present)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy No

Duration

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 Lee Booker (M. D. or other) D/15/42

Address 2028. Union St. Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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 *Edward L. Evans*

Licensed Embalmer No. *3836*

P. O. Address *1819 E 15th St KC.*

**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.**