S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37339

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4636

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 No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-29-43-10-31-43 (Specify whether years, months or days)

In this community 30 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1106 Garfield (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LULA JOHNSON (WILSON)

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased November (Month) 19 (Day) 1887 (Year)

8. AGE: Years 55 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER

12. Name John Robb

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

MOTHER

14. Maiden name Nicey Breckenridge

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn K.C.K.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 11-8-43 (Date received by local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1943 hour 8:25 minute a. M.

21. I hereby certify that I attended the deceased from October 29, 1943 to October 31, 1943 that I last saw her alive on October 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Chronic Nephritis	
Due to 131 b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 [illegible] (M. D. or other)

Address [illegible] Date signed 11-1-43

(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 A. J. Moore

Licensed Embalmer No. 943

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.