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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 62076

FILED JAN 5 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5445

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: 3319 BALES AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——
(Specify whether years, months or days)
In this community 27 yrs.

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. 3319 BALES AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS SOPHRONIA E. JOHNSON

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife MR BEDFORD E. JOHNSON

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

7. Birth date of deceased APRIL (Month) 22 (Day) 1866 (Year)

8. AGE: Years 77 | Months 7 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace BILLINGS (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jessie O'Neil 0
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elma G. Tipton
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Leonard Johnson
(b) Address 3319 Bales

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mayfield - U.C.A.

18. (a) Signature of funeral director DAN NEWCOMER'S SONS
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-21-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER 19TH year 1943 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from December 9, 1943, to Dec 19, 1943, that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza with Bronchial Pneumonia	10 days
Due to 33	
Due to	
Other conditions: Mitral Insufficiency (Include pregnancy within 3 months of death) of long standing	
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 John G. Lapp 0 (M. D. or other) M.D.

Address 1314 Professional Bldg Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

13th Professional Bldg.
12:30-5

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 C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.