S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

23763

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3001

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-12-44 7a.m. 10:35 p.m. (Specify whether
In this community Unknown
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") 8

(d) Street No. 1222 Garfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Alpha Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	10	hr. min.

9. Birthplace Kansas City (City, town, or county) Mol 0 (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Howard James
13. Birthplace (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) 9 (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 7-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 [illegible]

19. (a) 7-20-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 1 day 12
year 1944 hour 10:35 minute P. M.

21. I hereby certify that I attended the deceased from 7a.m. July 12, 1944, to 10:35p.m. July 12 44
that I last saw her alive on July 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arterio sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death) 83a

Major findings:
Of operations

Of autopsy Same as above

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Gen. Hosp. #2 600 E. 22nd Date signed 7/18/44

(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 E Sterling Bills

Licensed Embalmer No. 1212 Mo

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.