

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 14 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1802

Registrar's No. 3203

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

1. PLACE OF DEATH: Jackson

(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:  
1504 East 22nd St. Terrace  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community..... 85 years 1 (Specify whether 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... 1504 East 22nd St. Terrace  
(If rural, give location)

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

3. (a) PRINT FULL NAME... Maggie A. Johnson

3. (b) If veteran, name war... None

3. (c) Social Security No... None

4. Sex... 3 Fe

5. Color or race... Col

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

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

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

7. Birth date of deceased... March 7, 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 4 23 hr. min.

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

10. Usual occupation... At Home

11. Industry or business.....

12. Name... Henry Sexton

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

14. Maiden name... Kizzie

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

16. (a) Informant... Cecil Wright

(b) Address... 1504 East 22nd Terrace

17. (a) burial (b) Date thereof... 8/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Lincoln Cemetery

(c) Place: burial or cremation... *Hathkins Bros*

18. (a) Signature of funeral director... *Lydia*  
(b) Address... 1729 Lydia

19. (a) 8-5-44 (b) N. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th  
year 1944 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1944, to July 30, 1944  
that I last saw him alive on July 20, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death... *arteriosclerotic insufficiency*

Due to... *arteriosclerotic insufficiency*

Due to... *arteriosclerotic insufficiency*

Other conditions... *92 b*  
(Include pregnancy within 3 months of death)

Major findings: *✓*

Of operations... *no*

Of autopsy... *no*

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)

(c) Means of injury.....

23. Signature... *L. W. Booker* (M.D. or other)  
Address... *2128 Vine St* Date signed... *8/5/44*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

L. H. Booker.

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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 *J. J. Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

**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.**