V. S. No. 2
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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30174

FILED OCT 2 1944

Registrar's District No. 149

Primary Registration District No. 1002

Registrar's No. 3841

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:
1021 South Fuller
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 16 years
years, months or days)

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. 1021 South Fuller
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ADA B. JOHNSON.

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John C. Johnson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 1 (Day) 1874 (Year)

8. AGE: Years 70 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John V. Chapman
13. Birthplace (Unknown) (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Louisa Lemons
15. Birthplace Cass County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John C. Johnson
(b) Address 1021 S. Fuller, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-25-44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Crescent Hill, Archie, Mo

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri.

19. (a) 9-28-44 (Date received local registrar) (b) T. E. Brown (NZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1936 to Sept 21 1944; that I last saw her alive on Sept 21 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia Lobar	3 days
Due to: Glomerulo nephritis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations 108	
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 F. W. Thompson (M. D. or other) DO.

Address 720 Bryant Bldg Date signed 9/23/44

(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 Floyd A. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.