

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40192

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5002

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5330 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 years (Specify whether years, months or days)
In this community: 7 years

3. (a) PRINT FULL NAME: Sarah Johnson
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Fe 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harry Johnson
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Dec 30 1890 (Month) (Day) (Year)

8. AGE: Years: 53 Months: 11 Days: 6 If less than one day hr. min.

9. Birthplace: Marshall Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: Albert Giles

12. Name: Albert Giles

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

14. Maiden name: Sarah Thornton

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

16. (a) Informant: Harry Johnson

(b) Address: 5330 South Benton

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 12/12/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Marshall Mo.

18. (a) Signature of funeral director: Watkins Bros

(b) Address: 1729 Wydep

19. (a) 12-11-44 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City Mo. 42
(If outside city or town limits, write "RURAL")
(d) Street No.: 5330 South Benton
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 11

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 6
year 1944 hour 11:22 minute AM Y.

21. I hereby certify that I attended the deceased from Dec 1 to Dec 6, 1944
that I last saw him alive on Dec 6, 1944, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Hemorrhagic hepatitis 6 days
Duration

Due to: Cause not known

Due to:

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: Of operations: 130

Of autopsy:

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) (g) Means of injury

23. Signature: J. C. Lewis (M. D. or other)

Address: Lincoln Bldg Date signed: 12/12/44

M. C. Lewis.

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 *2003 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.