V. S. No. 2
00M—5-43
Rev. 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

FILED DEC 28 1945

State File No. 40149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5168

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: 4400 Bell Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 Months
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")

(d) Street No. 4400 Bell Street 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mollie Beazley Johnston

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 widowed

6. (b) Name of husband or wife Jacob Spears Johnston

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

7. Birth date of deceased April (Month) 17 (Day) 1856 (Year)

8. AGE: Years ~~88~~ 89 Months 7 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William W. Beazley
13. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Ellen Woolfolk
15. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant Mr. J. Edgar Johnston.
(b) Address 4400 Bell Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C.K.

19. (a) 12-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th year 1945 hour 5 PM minute 30 P M.

21. I hereby certify that I attended the deceased from April 10, 1945 to Dec 14, 1945 that I last saw her alive on Aug 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis /	3 yrs
Due to Hypertension	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 94a

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 Lyn Haynes (M. D. or other)

Address 901 West Pine Ave Date signed 12/15/45

(Licensed Embalmer's Statement on Reverse Side)

901 Washington
St. Louis

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 309 East 67th St

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.)

KCMa

If this body is not embalmed, fact should be so stated above.