

S. No. 2
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 v. 5-17-39
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1495

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
 BUREAU OF VITAL STATISTICS
FILED JAN 21 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5261

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: 400 West 43rd Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
 In this community 25 years

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. 400 West 43rd Street 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December, day 21
 year 1945 hour 1 minute P/ M.

4. Sex Fe 2 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from 18-Dec-45 to 19-21 1945
 that I last saw her alive on 21-Dec 1945
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife George Johnson
 6. (c) Age of husband or wife if alive Unknown
 7. Birth date of deceased June 2 1878
 (Month) (Day) (Year)

Immediate cause of death Relaxation of base of brain
3 days

8. AGE: Years Months Days If less than one day
67 6 19 hr. min.

Due to Cerebral Hemorrhage
Diverticulum of intestine

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

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

10. Usual occupation At Home

Major findings: Of operations none
 Of autopsy none

11. Industry or business Bennett

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

14. Maiden name Anna
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant George Johnson
 (b) Address 400 West 43rd St.

17. (a) burial (b) Date thereof 12/27/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn
Hatkins Bros.
 18. (a) Signature of funeral director Lydia
 (b) Address 1729 Lydia

PHYSICIAN
 Underline the cause to which death should be charged statistically.

19. (a) 12-27-45 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury ---
 23. Signature W. H. Agnew (City or other)
 Address 209h. Lincoln Rd Date signed 12-27-45

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

Dr. Hankin

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. Jerome Malone*
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.