

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

33669

FILED JUL 31 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3031

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 2 days
(Specify whether _____)

In this community 10 yrs.
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. 4335 Mc Gee
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Jeroline Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9,
year 1946 hour 2: minute 10 A.M.

21. I hereby certify that I attended the deceased from April
17, 1946 to July 9, 1946

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 20, 1926
(Month) (Day) (Year)

that I last saw her alive on July 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Peritonitis

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>2</u>	<u>19</u>	hr. _____ min.

Due to _____

Due to _____

9. Birthplace Haskell Oklahoma
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 15

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Martin

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

14. Maiden name Minnie Hill

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

16. (a) Informant Frank Johnson (Husband)

(b) Address 4335 Mc Gee

17. (a) Burial (b) Date thereof 7/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 Lydia Ave

19. (a) 7-11-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy Same as above

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) _____

(a) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address General Hospital No. 2 Date signed 7/9/46

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

MOTHER FATHER

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Mangrove

Licensed Embalmer No. *3994*

P. O. Address *2513 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.