. S. No. 2
0M—5-43
v. 5-17-39
o 1 X36671

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

32443

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33615

State File No.

FILED NOV 5 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4410

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 20 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. 1518 HARRISON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HATTIE MAE JOHNSON
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife COLUMBUS JOHNSON
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased JANUARY (Month) 12, (Day) 1901 (Year)

8. AGE: Years 45 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Shaw. (City, town, or county) Miss. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name GREEN SHEPHERD SHEPHERD
13. Birthplace (City, town, or county) Not known (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant COLUMBUS JOHNSON (HUSBAND)
(b) Address 1518 HARRISON
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn K.C.K
18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Brady
19. (a) 10-21-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 16, year 1946 hour 12: minute 35 A. M.
21. I hereby certify that I attended the deceased from OCTOBER 13, 1946 to OCTOBER 16, 1946; that I last saw her alive on OCTOBER 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death DIFFUSE SUBARACHNOID HEMORRHAGE
2. CIRRHOSIS OF LIVER
3. JAUNDICE

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy (SAME AS ABOVE)

Duration

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 10/16/46

(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 C H Countee

Licensed Embalmer No. 1271

P. O. Address: Kansas City 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.