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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947
199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40672**
5493
Registrar's No.

Registration District No. **199**

Primary Registration District No. **1002**

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. 20**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 hrs.**
(Specify whether **9 hrs.**)
In this community **9 hrs.**
years, months or days

3. (a) PRINT FULL NAME **Christine 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** **Widowed**
6. (b) Name of husband or wife **Leonard C. Johnson** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **12 - 10 - 1909**
(Month) (Day) (Year)

8. AGE: Years **37** Months **0** Days **13** If less than one day hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business **At Home**

12. Name **FRANK BRIGHT**

13. Birthplace **FAA**
(City, town, or county) (State or foreign country)

14. Maiden name **MINTA WILLIAMS**

15. Birthplace **COLUMBIA MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Florence Callahan**

(b) Address **809 N. 12th St**

17. (a) Removal **(Burial, cremation, or removal)** **(b) Date thereof** **12-23-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn N.C.**

18. (a) Signature of funeral director **Walter W. Hatcher**

(b) Address **1520 N. 5th**

19. (a) 12-31-46 **(b) Geraldine Holmes**
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte** **991**
(c) City or town **Kansas City** **14**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **809 N. 12th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **23**
year **46** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Deputy Coroner**
19 to **19**;
that I last saw him alive on **19**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Auto-Thrombosis** **Duration**

Due to **Multiple fracture**

Due to **Auto-Thrombosis**

Other conditions **2 car collision**
(Include pregnancy within 3 months of death)

Major findings: Of operations **1706's 22**

Of autopsy **No-Permit**

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) **Accident**

(b) Date of occurrence **12-23-46** **113**

(c) Where did injury occur? **K.C. Jackson-Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Subcity Vidact (Specify type of place)

While at work? **No** (e) Means of injury **Auto-Thrombosis**

23. Signature **W. Williams** (M. D. or other) **Dec**
Address **2636 Brooklyn** Date signed **12-31-46**

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

MOTHER FATHER

MAY 19 1958

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. E. Davis

Licensed Embalmer No. 4417

P. O. Address. K. E. Moore

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.