

FILED MAY 26 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2161

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

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:
3552 AGNES AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 28 YEARS
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON⁴⁸

(c) City or town KANSAS CITY³
(If outside city or town limits, write "RURAL")

(d) Street No. 3552 AGNES AVENUE⁸
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. MARGARET JOHNSON

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 MR. EDGAR JOHNSON

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

7. Birth date of deceased AUGUST 13 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace CLAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name MICHAEL B. RICE

13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET FOLEY

15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant FRED R. JOHNSON

(b) Address 3552 Agnes

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof May 16, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CITY, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLYD

19. (a) 5-16-47 (Date received local registrar)

(b) Thalidine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14TH
year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 15, 1947
to 5-14, 1947,
that I last saw her alive on 10:30 A.M. 5/14/47
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death Jaundice from
Diabetic gangrene
arteriosclerosis, peripheral
Diabetes mellitus

Due to _____

Due to _____

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

Major findings: _____

Of operations: 61

Of autopsy yes - see 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? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature H. Stanley Smith (M. D. or other) Dr. P.

Address 424 Prof. Bldg Date signed 5/14/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

444 Professional Bd.
1-4

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City 3 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.