. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38235

Registrar's No. 5011

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Life
years, months or days)

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. 723 East 13th Street, 8
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Mamie Johnson

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

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

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

7. Birth date of deceased September (Month) 26 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	2	1	hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business x

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name - Alsteadt
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Albert Johnson
(b) Address 723 East 13th St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1947 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from June 1947, 19__, to Nov 27, 1947, that I last saw her alive on Nov 27, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 day
Due to Hypertension	2 yrs
Due to Fibroid tumor uterus	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations no 940	
Of autopsy no	

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) no

(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)

While at work? (e) Means of injury 0

23. Signature M B Casebolt MD (M. D. or other)

Address 4000 Baltimore Kansas Date Signed 11/28/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Casebolt
40 Baltimore

-7 7.5

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.