No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38236

FILED DEC 9 1947 Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4966

WRITE PLAINLY—USING 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 Little Sisters of Poor 5331 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ years (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Margaret Belle 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 Widow 2
6. (b) Name of husband or wife Adolph Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 11, 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Marion County, Ohio 1
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Lee Stahl
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Unkefer
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Marie Dunn
(b) Address 2941 Forest Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 11-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th. year 1947 hour 5.15 P.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 15, 1947 to Nov 25, 1947 that I last saw her alive on Nov. 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	3 days
Due to Generalized arteriosclerotic heart disease	1 year
Due to arteriosclerosis	year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

93 D

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John T. Skinner (M. D. or other) MD
Address 1102 Grand Ave. Date signed 11-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) K. CMO

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 Thomas E. Lewis

Licensed Embalmer No. 3775

P. O. Address R. C. Md

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.