S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8759

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1273

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: 2112 Olive (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 23 years

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. 2112 Olive (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Gertrude Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Herbert E. Johnson

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

7. Birth date of deceased March (Month) - 9 (Day) - 1884 (Year)

8. AGE: Years 64 | Months 0 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Fulton (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Teacher

11. Industry or business ____

FATHER
12. Name Joseph McKim
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jane Hamilton
15. Birthplace ____ (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Dorothy Jordan

(b) Address 2112 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Ave.

19. (a) 3-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1948 hour 8 minute 12 P M.

21. I hereby certify that I attended the deceased from Jan. 5, 1948, to March 19, 1948 that I last saw her alive on March 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Left Breast	
Due to: c̄ Mestastis to Lung	
Due to: Toxemia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
Of autopsy	

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Rogers B. Fleming (M. D. or other)

Address 1830 Vine St. Date signed 3/22/48

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1948

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St.

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.