

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 18 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

29827
State File No. _____
Registrar's No. 3517

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution. 37 DAYS
In this community 5 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 1412 GARFIELD
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME MARY KATE JOHNSON
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUFUS JOHNSON
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased DECEMBER 1, 1950

8. AGE: Years 17 Months 8 Days 27

9. Birthplace PRESTON GEORGIA

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name BENNIE RELIFORD
13. Birthplace PRESTON GEORGIA
14. Maiden name IDA MAE BALDWIN
15. Birthplace PRESTON GEORGIA

16. (a) Informant RUFUS JOHNSON (HUSBAND)
(b) Address 1412 GARFIELD

17. (a) Removal (b) Date thereof 8/31/48
(c) Place: burial or cremation Americus, Georgia

18. (a) Signature of funeral director
(b) Address 1739
19. (a) 8-30-48 (b) Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 28, year 1948 hour 4: minute 35 P. M.
21. I hereby certify that I attended the deceased from JULY 22, 1948 to AUGUST 28, 1948 that I last saw h. ER alive on AUGUST 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC NEPHRITIS FOLLOWING TOXEMIA OF PREGNANCY

2. UREMIA
Due to premature stillbirth 7 mo. 3-48
Due to also premature birth 3-47
Other conditions 7 mo.

Major findings: Of operations 148 B
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician While at work (Specify type of place) (e) Means of injury
Address GENERAL HOSPITAL NO. 2 Date signed 8/30/48

JAN 31 1949

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 *J. J. Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address. *2503 Highland*.....

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.