

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4968**
760
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>To home 1325 Lydia</u>				d. STREET ADDRESS (If rural, give location) <u>1325 Lydia Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Lillie Johnson</u> a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>February-16-49</u> (Month) (Day) (Year)				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>February 9 1879</u>	
9. AGE (in years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HOUR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Collins, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Osage Page</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Cranshaw</u>			14. NAME OF HUSBAND OR WIFE <u>Tobe Johnson (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Brown</u>		ADDRESS <u>1325 Mich</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Broncho-Pneumonia</u> DUE TO (c) <u>Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mercuric Poison</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4- days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2/15</u> , 19 <u>49</u> , to <u>2/16</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1-A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Williams MD</u> (Degree or title)				23b. ADDRESS <u>2636 - Brooklyn</u>		23c. DATE SIGNED <u>2/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-18-49</u>		REGISTRAR'S SIGNATURE <u>Theraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>West-Appleton & Jones</u>		ADDRESS <u>1905 Vine St</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ and

Leon Nepoleon Jordan

Student Embalmer No. 267

working under my personal supervision.

Nepoleon Jordan
Student Embalmer

Signed J. West

Licensed Embalmer No. 2710

P. O. Address Kansas City

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.