

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30714

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 38

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL Washington TWP  
c. LENGTH OF STAY (In this place) WIFE  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HIGHWAY #71 AND 85TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) MO  
OR TOWN KANSAS CITY - BEAUMONT  
d. STREET ADDRESS (If rural, give location) 5329 BROOKLYN AVENUE 8.

3. NAME OF DECEASED (Type or Print)  
a. (First) VIRGINIA b. (Middle) ADAMS c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year) SEPT. - 18 - 1949

5. SEX FEMALE  
6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
8. DATE OF BIRTH AUG. 31 - 1924

9. AGE (In years last birthday) 25  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 48 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI

12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DICKENS S. ADAMS

13b. MOTHER'S MAIDEN NAME NELL TAYLOR

14. NAME OF HUSBAND OR WIFE RICHARD E. JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 495-20-0273

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS RICHARD E. JOHNSON 5329 BROOKLYN AVE. KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*  
Fracture Base Skull  
ANTECEDENT CAUSES  
Fractured Neck  
Fractured Femur  
DUE TO fall  
DUE TO fall  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
8 1/4  
31

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
Collusion with liver abs.

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Jackson Co. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-18-49-2:45A

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
Automobile Trauma

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. A. Owens Corcoran

23b. ADDRESS 1034 Briar Bldg.

23c. DATE SIGNED 9-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT. 21 - 1949

24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 9/20/49

REGISTRAR'S SIGNATURE Dr. Annie C. Hedger

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS P. W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.

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

SEP 27 RECD.

SEP 27 1958

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Bernard L. Loran*.....

Licensed Embalmer No. *4250*.....

P. O. Address *N.C. 146*.....

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.