

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4896

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 701

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|---------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 32 yrs | | d. STREET ADDRESS (If rural, give location) 912 Woodland | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 912 Woodland Rear | | 3158 | |

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|---------------------------------------------------------------------------------------------------------|--|-------------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------|--|
| 3. NAME OF DECEASED a. (First) Logan b. (Middle) Johnson c. (Last) XXXXXX | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1950 | | |
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | |
| 8. DATE OF BIRTH May 30, 1903 | | 9. AGE (In years last birthday) 46 | | IF UNDER 1 YEAR Months Days Hours Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Columbia, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME James Mack | | 13b. MOTHER'S MAIDEN NAME Annie Gilmore | | 14. NAME OF HUSBAND OR WIFE Orville Johnson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Clay 912 Woodland | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 4 hours | |
| | | b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cirrhosis of Liver | | 10 years | |
| | | c. DUE TO (c) Styptic | | 11 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|-------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 581° | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 **1-5**, 1950, to **2-11**, 1950, that I last saw the deceased alive on **2-11**, 1950, and that death occurred at **1:30A.** m., from the causes and on the date stated above.

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|-----------------------------------------------------------------|--|----------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| 23a. SIGNATURE Roy V. Culp (Degree or title) D.O. | | 23b. ADDRESS 500 Bryant Bldg. K.P.C. Mo | | 23c. DATE SIGNED 2-12-50 | |
| 24a. BURIAL/CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/16/50 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |

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|----------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG 2-15-50 | | REGISTRAR'S SIGNATURE Heraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bro. 1729 Lydia | |
|----------------------------------------|--|-----------------------------------------------|--|-----------------------------------------------------------------|--|

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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed *D. 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.