

No. 300  
10.48

STANDARD CERTIFICATE OF DEATH

State File No. 23884

FILED JUL 29 1950

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 92

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

1. PLACE OF DEATH a. COUNTY <b>Johnson.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg.</b>		c. LENGTH OF STAY (in this place) <b>89yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg. Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>314, S. Holden.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>314 S. Holden Street</b>		d. STREET ADDRESS (If rural, give location) <b>314, S. Holden.</b>	
3. NAME OF DECEASED (Type or Print) <b>Laura Jackson Johnson.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July, 10, 1950</b>	
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>May, 10, 1861</b>	
9. AGE (In years last birthday) <b>89</b>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	
11. BIRTHPLACE (State or foreign country) <b>Warrensburg. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>H. A. Redford.</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Harrison.</b>	
14. NAME OF HUSBAND OR WIFE <b>E. N. Johnson.</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wm. E Kemp 1011 Romany K.C. Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		DUPLICATE (b) <b>atherosclerosis</b>		<b>30 mins</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <b>Old age</b>		<b>? yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>age 89</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Nov, 1949, to July, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Anton W. Wilcox M.D.</b>	23b. ADDRESS <b>Warrensburg Mo.</b>	23c. DATE SIGNED <b>7-13-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>12 July 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 13, 1950</b>	REGISTRAR'S SIGNATURE <b>Savannah Cutchins</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weeney-Phillips Warrensburg, Mo.</b>
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RECEIVED  
JUL 18 1950  
NEGATIVE  
JOHNSON COUNTY HEALTH DEPT.

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

*P. Q. Phillips*

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, Mo.*

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.