

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26987**  
Registrar's No. **3378**

FILED AUG 25 1951

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Northwest City</b>	c. LENGTH OF STAY (in this place) <b>14 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Inter-City (R.C. Rural)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Northwest Hospital</b>		d. STREET ADDRESS (If any, give location) <b>8807 Anderson 0480</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Eileen</b> c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 4 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>July 24 1932</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
13a. FATHER'S NAME <b>LeRoy Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Flora Hunter</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LeRoy Johnson 8807 Anderson</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>glomerulonephritis</b> (c) <b>pneumonia heart disease</b> DUE TO (b) <b>hypertrophy of liver</b> DUE TO (c) <b>hypertrophy of liver</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>July 10, 1951</b> , to <b>Aug 4, 1951</b> ; that I last saw the deceased alive on <b>Aug 4, 1951</b> , and that death occurred at <b>12:16 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Earle G. Sperry</b> (Degree or title) <b>Earle G. Sperry D.O.</b>		23b. ADDRESS <b>10307 Independence Ave</b>	
23c. DATE SIGNED <b>Aug 4, 1951</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 6, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-7-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Wilton L. Tophy</b>		ADDRESS <b>Inde 20</b>	

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.....

X  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Dixon L. Kepley*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Indep. 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.