

FILED FEB 2 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1324

State File No. _____
Registrar's No. 200

BIRTH NO. _____ 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 <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): <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>66 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3248 PROSPECT AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>E.</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-12-1952</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB-16-1883</u>		9. AGE (In years last birthday) <u>68</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 100 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT-FURNITURE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			11. BIRTHPLACE (State or foreign country) <u>NEVADA, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>HIMAN BEACH</u>			13b. MOTHER'S MAIDEN NAME _____			14. NAME OF HUSBAND OR WIFE <u>BENCE CHARLES R. JOHNSON</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN M. WHITE</u>		ADDRESS <u>5429 GARFIELD AVE. KANSAS CITY, MO.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Valvular Heart</u>						INTERVAL BETWEEN ONSET AND DEATH <u>50 years approx.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>ONE YEAR (b) Disease of aortic stenosis</u> <u>DIAPHRAGM (c) mitral stenosis and hypertrophy</u> <u>EMPHYSEMA</u>						19. <u>1 MONTH</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Massive thromboses of cerebral arteries</u> <u>Pulmonary Infarction</u>						20. AUTOPSY? <u>NO</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from 5-4-1949, to 1-12-1952, that I last saw the deceased alive on 1-12-1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. F. Steffen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand Ave. K.C. Mo.</u>		23c. DATE SIGNED <u>1-14-52</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>JAN-15-1952</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>	
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DATE REC'D BY LOCAL REG. <u>1-14-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	
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1-4:3004

0-8/8-22

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 4th

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.