

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24517

3318

FILED AUG 4 1952

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

1. PLACE OF DEATH a. COUNTY Jackson County			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. LENGTH OF STAY (In this place) 1 W.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo.		d. STREET ADDRESS (If rural, give location) 3703 Brooklyn Avenue 3558
3. NAME OF DECEASED a. (First) Mildred			b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) 7-19-52
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, SEPARATED married	8. DATE OF BIRTH 9-28-09	9. AGE (In years last birthday) 42	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (City and State or Foreign Country) WISCONSIN		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME MEYER MEYERS		13b. MOTHER'S MAIDEN NAME IMA JEAN FALLIS	14. NAME OF HUSBAND OR WIFE Albert 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. 488-22-3709	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT JOHNSON 3703 BROOKLYN			
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) Acute pancreatitis & peritonitis Gall stones ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 days 501X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 1949, to _____, 19____, that I last saw the deceased alive on July 19, 1952, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Harry K. Cohen, M.D. (Degree or title) Harry B. Cohen M.D.			23b. ADDRESS 318 Apple Bell		23c. DATE SIGNED 7-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-23-52	24c. NAME OF CEMETERY OR CREMATORY MT MORIAH	24d. LOCATION (City, town, or county) K.C.	(State) MO	
DATE REC'D BY LOCAL REG. 7-23-52	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBBETO'S	ADDRESS CITY	

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 Russell G France

Licensed Embalmer No. 4255

P. O. Address KC 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.