

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38756

State File No.

5172

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

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) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>Over 30</u> yrs.		d. STREET ADDRESS (If rural, give location) <u>534 Benton Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>534 Benton Blvd.</u>		3915	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Ann</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid Apt. Hotel</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City, Missouri</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Hour</u>	13b. MOTHER'S MAIDEN NAME <u>Mamie</u>	14. NAME OF HUSBAND OR WIFE <u>Odell Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-12-3324</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Odell Johnson, 534 Benton Blvd.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cirrhosis of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma probably stomach</u>		
	DUE TO (c) <u>Hypertensive HT Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>151X</u>

19a. DATE OF OPERATION <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION <u>NO</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JS Jackson MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>NO</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input type="checkbox"/> AT PLAY <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NO</u>
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22. I hereby certify that I attended the deceased from 10-26-52 to 11-24-52 that I last saw the deceased alive on NOV 24, 1952 and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Wells</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2122-E-15th St</u>	23c. DATE SIGNED <u>11-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-26-52</u>	REGISTRAR'S SIGNATURE <u>J. Seabird Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vine West, Appleton & Jones, Inc. 1905/</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Be 3306

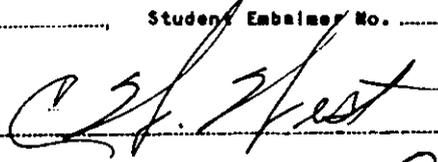
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2710

P. O. Address 75. @. 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.