

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28696
3954

State File No.

FILED AUG 27 1953

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. LENGTH OF STAY (In this place) <u>20 yrs.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2515 Highland</u>		e. STREET ADDRESS (If rural, give location) <u>2515 Highland</u> <u>3418</u>	
3. NAME OF DECEASED (Type or Print) <u>Katie Manuel Johnson</u>		a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH <u>Aug. 4, 1953</u>
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Feb. 20, 1882</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Muskogee, Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jack McGilbra</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Peter Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Costella Harvey</u> ADDRESS <u>2515 Highland</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>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>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>		DUE TO (b) <u>Lobar Pneumonia</u>		
ANTECEDENT CAUSES		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Heart Disease</u>				<u>490x</u>
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) <u>K. City</u> (COUNTY) <u>Missouri</u> (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 Aug. 2, 1953, to Aug. 4, 1953, that I last saw the deceased alive on Aug. 4, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. V. Miller</u> (Print or Title)	23b. ADDRESS <u>1211 Paseo</u>	23c. DATE SIGNED <u>8-7-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/8/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>
24d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		(State) _____

DATE REC'D. BY LOCAL REG. <u>8-8-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 18th & Benton</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1956

VS FEB 10 1956

MAY 22 1956

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.....
Signature of Student Embalmer

Signed..... *Bruce L. [Signature]*

Licensed Embalmer No. *450*

P. O. Address *18th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 28696

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3954

On this 26th day of November, 1954, before me appears

L. V. Miller MD, who, upon his oath, states that the original record of ~~birth~~ death for Katie Manuel Johnson, died ~~xxxx~~ August 4, 1953, in the State of Missouri, and which was filed at Kansas City on 8-8, 1953, should be corrected as follows:

Item No. 18-1a should read Lobar pneumonia

Instead of Valvular heart disease

Item No. 18-14 should read Valvular heart disease

Instead of nothing

Item No. 18-1b should read nothing

Instead of

Item No. 22 should read August 2, 1953 to August 4, 1953

Instead of August 1st, 1953 to August 4, 1953

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

x Affiant L V Miller MD Doctor Relationship.

x 1211 Pasey Blvd
Present Address.

Subscribed and sworn to before me this 26 day of November, 1954

My Commission expires October 22, 1956 Barbara B. Vaughan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

