

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4901
645

State File No.

FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		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 town) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 49Yr.		c. CITY OR TOWN Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2210 1/2 Vine St.		STREET ADDRESS (If rural, give location) 2210 1/2 Vine St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Turlie Johnson			4. DATE OF DEATH (Month) (Day) (Year) 2 - 5 - 54		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Mar. 1 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME James M. Johnson		13b. MOTHER'S MAIDEN NAME Hester Miles	
14. NAME OF HUSBAND OR WIFE Lillian 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 494-12-8685	
17. INFORMANT'S SIGNATURE OR NAME U.S. Johnson		ADDRESS 2453 Highland Ave		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Cachexia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ma of Lung		INTERVAL BETWEEN ONSET AND DEATH 162x	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) (COUNTY) (STATE)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Deputy Coroner M. Tillman		(Degree or title)		23b. ADDRESS 1618 Lydia Ave	
23c. DATE SIGNED 2/8/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-10-54	
24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Walter Williams	
DATE REC'D BY LOCAL REG. 2-10-54		REGISTRAR'S SIGNATURE Geraldine Smith		ADDRESS 1729 Lydia	

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.....
Signature of Student Embalmer

Signed *J. J. Manlove Jr.*.....

Licensed Embalmer No. *39*.....

P. O. Address *2503 Jk*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.