

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8733

State File No.

1114

BIRTH NO. FILED MAR 31 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 township) Kansas City		c. LENGTH OF STAY (In this place) 65 Yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		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) a. (First) LOUISE		b. (Middle)	c. (Last) JOHNSON
4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 27, 1869		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Sweden		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Nelson		13b. MOTHER'S MAIDEN NAME Charlotte Peterson	
14. NAME OF HUSBAND OR WIFE Carl G. 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Albert Anderson Kansas City, Mo.	
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 Cardiac failure ANTECEDENT CAUSES DUE TO (b) Fracture of Right femur DUE TO (c) Intensified heart & kidney II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pernicious anemia 9,000	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Committated fracture of the Right Femur (2 places)	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH 1 day 1 week 7 years 1 year	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) acc		21b. PLACED OF INJURY (e.g., in or about home, car, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson 123 MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 4 1954 7 PM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell down steps	
22. I hereby certify that I attended the deceased from 3-4 , 19 54 , to 3-12 , 19 54 , that I last saw the deceased alive on 3-11 , 19 54 , and that death occurred at 12:48 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (John) T. Skinner (Degree or title) John T. Skinner MD		23b. ADDRESS 1102 Grand. K.C.MO	
23c. DATE SIGNED 3-12-54		24. NAME OF CEMETERY OR CREMATORY Elmwood	
24a. BUREAU OF CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-54	
24c. LOCATION (City, town, or county) (State) Kansas City, Mo.		24d. DATE REC'D BY LOCAL REG. 3-12-54	
REGISTRAR'S SIGNATURE Burdine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1402 Pleasant Ridge.

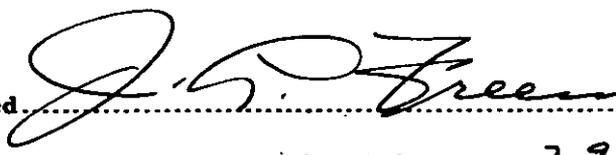
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STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 29

P. O. Address F. O.

**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.**