

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27414

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3864

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| 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>12 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>1903 East 16th</u> | | e. STREET ADDRESS (If rural, give location) <u>1903 East 16th</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Joseph Johnson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-6-1954</u> | |
| a. (First) | b. (Middle) | c. (Last) | |

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|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 6, 1869</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Virginia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Sols Johnson</u> | 13b. MOTHER'S MAIDEN NAME <u>Delia</u> | 14. NAME OF HUSBAND OR WIFE <u>Unknown</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. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Jones - 1914 E 16th</u> | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| | 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. <u>Senility</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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.

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| 23a. SIGNATURE <u>Deputy Coroner</u> (Degree or title) <u>3 M.D.</u> | 23b. ADDRESS <u>1618 Lydia St</u> | 23c. DATE SIGNED <u>8/6/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/10/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>8-9-54</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham & Jones</u> | ADDRESS <u>18th & Oak</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Williams

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 *Laurance A. Jones*.....

Licensed Embalmer No. 448

P. O. Address 2300 E.

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.