

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1956

State File No. **34049**
Registrar's No. **4621**

BIRTH NO. 0100097-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) **lifetime**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital #2**

e. STREET ADDRESS (If rural, give location) **2939 Jarboe**

3. NAME OF DECEASED
a. (First) **(Infant) #1**
b. (Middle)
c. (Last) **Johnson**

4. DATE OF DEATH (Month) (Day) (Year)
9 26 1956

5. SEX **3**
Female

6. COLOR OR RACE **Negro**

7. MARRIED NEVER MARRIED
WIDOWED, DIVORCED (Specify) **0**

8. DATE OF BIRTH **Sept 26, 1956**
9. AGE (In years last birthday) **I 55**
IF UNDER 1 YEAR Months
IF UNDER 1 HRS. Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **infant**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Mo. 0**

12. CITIZEN OF WHAT COUNTRY? **America**

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME **Myrtle Johnson**

14. NAME OF HUSBAND OR WIFE **none**

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 **Myrtle Johnson, 2939 Jarboe**
ADDRESS

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) **Immaturity**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Prematurity**
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

776X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-26-56** to **9-26-56**, 19__, that I last saw the deceased alive on **9-26-56**, 19__, and that death occurred at **6:35 a** m., from the causes and on the date stated above.

23a. SIGNATURE **H. R. Peterson M.D.** (D. (name or title))

23b. ADDRESS **600 E. 22nd St.**

23c. DATE SIGNED **10-10-56**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **11-7-56**

24c. NAME OF CEMETERY OR CREMATORY **Leeds**

24d. LOCATION (City, town, or county) (State) **Kansas City MO**

DATE REC'D BY LOCAL REG. **10-25-56**

REGISTRAR'S SIGNATURE **newa mindall**

25. FUNERAL DIRECTOR'S SIGNATURE **W. R. Peterson**
ADDRESS **W. R. Peterson**

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. C. Schuyler
Licensed Embalmer No. 208

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