

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8734

State File No.

BIRTH NO. 2272-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 1357

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. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 2306 Campbell	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2			

3. NAME OF DECEASED (Type or Print) a. (First) Infant		b. (Middle)		c. (Last) Johnson #2		4. DATE OF DEATH (Month) (Day) (Year) March 8, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED (NEVER-MARRIED) WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>		8. DATE OF BIRTH March 8, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 6	
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) N.C. Gen. Hosp. #2 MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Edward Johnson		13b. MOTHER'S MAIDEN NAME Mary Ann Carson		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 ADDRESS Mary Johnson, mother 2306 Campbell	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 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.		INTERVAL BETWEEN ONSET AND DEATH 776x	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 3-8-57, 1957, to 3-8-57, 1957, that I last saw the deceased alive on 3-8-57, 1957, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. R. Peterson MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-22-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-57		24c. NAME OF CEMETERY OR CREMATORY Linds	
24d. LOCATION (City, town, or county) (State) Kansas City MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. A. Johnson N.C. MO			
DATE REC'D BY LOCAL REG. 3-23-57 new		REGISTRAR'S SIGNATURE new		MUNICIPAL HEALTH OFFICER'S SIGNATURE new	

WRITE PLAINLY—USING UNFAADING 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 Ann A. Schuyler

Licensed Embalmer No. 30

P. O. Address K.C.

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.

