FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28271

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3701

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2920 Olive — Length of stay in Hospital: 16 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2920 Olive St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Mary Middle: Jane Last: Johnson

4. DATE OF DEATH: Month: Aug. Day: 5 Year: 1957

5. SEX: Female 3
6. COLOR OR RACE: Col.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: March 1867
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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 country): New Franklin, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: John Brown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Richard Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Fred B. Meyers Address: 2914 Euclid

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4341
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-28-56, to 8-4-57 and last saw her/him alive on 8-4-57
Death occurred at ~~8-5-57~~ a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. J. Marshall (Degree or title) M. D.
22b. ADDRESS: 2206 1/2 E 18 St, K.C. Mo
22c. DATE SIGNED: 8-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Aug. 8-57
23c. NAME OF CEMETERY OR CREMATORY: Bethel
23d. LOCATION (City, town, or county): New Franklin (State): Mo.

24. FUNERAL DIRECTOR: Badeau, Appleton, Jones ADDRESS: 1905 Vine
25. DATE RECD. BY LOCAL REG.: 8-7-57
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. J. Marshall

Inv 2-6929

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Consuelo Gladys Balea

Licensed Embalmer No. 4944

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.