

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037712

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1249 STATE FILE NUMBER

FILED NOV 13 1962

1. PLACE OF DEATH
 a. COUNTY Buchanan
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 75 Years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 719 South 20th Street Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Buchanan
 c. CITY OR TOWN St. Joseph Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 719 South 20th Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ella Middle Johnson Last Johnson
 4. DATE OF DEATH Month October Day 31 Year 1962

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Dec. 25, 1876 9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Highland, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Wright 13b. MOTHER'S MAIDEN NAME Helen Welton 14. NAME OF HUSBAND OR WIFE Joseph 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 Mrs Etta Jackson, 719 So. 20th St. Address City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer left breast
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 10-1-61 to 10-31-62 and last saw her alive on 9-5-62. Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Jewett D.D. 22b. ADDRESS 224 Kirkpatrick Bldg 22c. DATE SIGNED 11-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 3, 1962 23c. NAME OF CEMETERY OR CREMATORY Ashland, Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

24. FUNERAL DIRECTOR Wm. H. Alexander ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Nov. 7, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

VS 300 Rev. 4/59

1 5117
 2 5117
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 4 3
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1911 31 201 031311

Permitted 11/2/62

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.