

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4967**
740

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson <i>JK</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 43 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		<i>JK</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4800 Jefferson			d. STREET ADDRESS (If rural, give location) 4800 Jefferson		

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) Ambrose c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 2-15-49		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 4, 1860	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hour 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James W. Ambrose		13b. MOTHER'S MAIDEN NAME Hannah		14. NAME OF HUSBAND OR WIFE James M. Johnson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie C. Johnson 4800 Jefferson			
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized				10 yrs
	DUE TO (c) Fracture, Left Femur (Mid-Shaft)				7 mos
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Abcess, Rt Irbicular Region				10 days

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 mo. ago	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall in the home 12-3	
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22. I hereby certify that I attended the deceased from **Sept 1947**, to **Feb 15, 1949**, that I last saw the deceased alive on **2-15-1949**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold A. Budke M.D. (Degree or title)		23b. ADDRESS 317 ARGYLE K.C.6, Mo	23c. DATE SIGNED 2-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/49	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 2-17-49	REGISTRAR'S SIGNATURE Maldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Budke

Ceryle

4800 - Jefferson - Ave.
Detroit

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

Student Embalmer

Signed _____

Max E. Meyer

Licensed Embalmer No. _____

4555

P. O. Address _____

Kennett City, 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 this body is not embalmed, fact should be so stated above.