

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6642

**1. PLACE OF DEATH**

County Jackson  
Township Leans  
City Kansas City (No. Kansas City, Genl) St. Mo (Ward)

Registration District No. 399  
Primary Registration District No. 1002

File No. 8  
Registered No. 807

**2. FULL NAME**

John Benjamin Thomas John  
(a) Residence. No. Keeping Hand St Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 9 - 1868

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	61	0	8	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Painter  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Benz. Johns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Eliza Meanes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

14. INFORMANT Reverend Clerk  
(Address) K C General Hosp

15. FILED 2-18-29 M M Cross REGISTRAR  
Asst

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-17 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-15, 1929 to 2-17, 1929 that I last saw him alive on 2-17, 1929 and that death occurred, on the date stated above, at 11:25 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Lobar Pneumonia and Anemia  
108

CONTRIBUTORY (SECONDARY) 10/10  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chest X-rays  
(signed) George E. See M. D.

2-18 . 1929 (Address) General Hosp. No

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington Mo DATE OF BURIAL Feb 19, 1929

20. UNDERTAKER Clyde Funeral Home ADDRESS 1800 Linwood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHY? PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

