

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

Do not use this space.

25164

1. PLACE OF DEATH

County Jackson

Registration District No. 335

Township Law

Primary Registration District No. 335

City Kansas City, Mo. (No. Trinity Lutheran Hosp.)

File No. 3164

Registered No. 3164

St. _____ Ward _____

2. FULL NAME

Johanning, Fredrick Wm.

(a) Residence, No. Baldwin City, Kansas Ward. 7
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 9 25

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

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

10. NAME OF FATHER Casper Johanning

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT W. H. Johanning
(Address) Baldwin, City, Kans.

15. FILED 7/22, 1931 M. M. Crowe
REGISTRAR Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-14-31 to 7-22-31 1931
that I last saw him alive on 7-22-31 1931, and that death occurred, on the date stated above, at 9 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia 120A
total 105
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) operation for hernia
(duration) yrs. mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-14-31
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
7/22, 1931 (Signed) Johanning M. D.
(Address) 1025 W. 11th St.

*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 Wardon, Mo. DATE OF BURIAL 7-24 1931

20. UNDERTAKER Harry Barnett ADDRESS Baldwin, Mo.

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.

1025
Lester Boyd