

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

21270  
Do not use this space.

55th JUL 10 1939

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399  
(b) Township Raw Primary Registration District No. 1002 Registered No. 2538  
(c) City Kansas City, Mo. (d) Street No. 1921 Lexington St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

525 Nick Johnson  
(a) Residence, No. 1921 Lexington St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address (Give county or city))

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Leuk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1881  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
57 unknown  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breese 7

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (NAME) (ADDRESS) George Johnson  
1921 Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 6-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Sestini  
538 Campbell St. Mo.

20. FILED 6-23 1939 Johnson  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 12th 1939, to June 20th 1939  
I last saw him alive on June 20th 1939. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset  
107a

Other contributory causes of importance:  
Toxemia

Name of operation None Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Attorney J. Sestini 1  
(Signed) Attorney J. Sestini, M. D.  
(Address) 2624 Independence Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 1-2-35

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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**