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

28297
Do not use this space.

REC'D SEP 6 1939

1. PLACE OF DEATH
(a) County Jackson
(b) Township Raw
(c) City or Kansas City
Registration District No. 399
Primary Registration District No. 1000
Registered No. 3299
(d) Street No. Genl Hosp. #2 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.

525

2. PRINT FULL NAME Fred Johnson
(a) Residence, No. 2010 Park St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Alberta Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1906
7. AGE YEARS 33 MONTHS 0 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Arkansas.

FATHER
13. NAME Fed Johnson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh N. C.

MOTHER
15. MAIDEN NAME Mary J.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Frank Johnson 1415 Brooklyn.
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 8/21 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros. 1729 Lydia
20. FILED Aug. 21, 1939 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h[illegible] Deputy Corr[illegible] 6:30 P m. 19.... Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot of abd.	
Peritonitis 173	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 8-16-39, 19....
Where did injury occur? [illegible] (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Bullet wound of abd
Nature of injury Loss of [illegible]

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16505

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1729 Lydia St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.