

9 1939

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Jackson 3
(b) City or town Independence Mo. V. S. C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
404 Chrysler Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 month
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas City (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1930 Louisa
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd
year 1939 hour Two minute fifty P. M.

21. I hereby certify that I attended the deceased from Oct 2
1939 19____ to Oct 2 1939
that I last saw him alive on Oct 2 11:30 a.m. 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to High Blood Pressure
Due to _____

Duration

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify name of place) (Specify means of injury)
23. Signature [Signature] (M. D. or other) _____
Address Boat House July Date signed Oct 2-39

3. (a) PRINT FULL NAME Harry E. Johnson 525
3. (b) If veteran, name war no 3. (c) Social Security No. 704-14-5896

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased march 26 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 5 hr. _____ min.

9. Birthplace Princeton Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad worker

11. Industry or business Southern Rail Road

MOTHER FATHER { 12. Name Charles Johnson
13. Birthplace Sweden 1
(City, town, or county) (State or foreign country)
14. Maiden name Jewel Johnson 1
15. Birthplace Sweden 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. R. Lundsten
(b) Address 1930 Louisa Kansas City Kan

17. (a) Ottawa Kans (b) Date thereof Oct 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kansas

18. (a) Signature of funeral director Eads Bros Funeral Home

(b) Address 1416 Michigan Kansas City Mo.

19. (a) 10-5-39 (b) J. D. Cook
(Date received local registrar) (Registrar's signature)

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.

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 *Orville H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kansas City, Kansas*

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32581
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 554
 (c) City..... (d) Street No..... 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.

Registered No. 302

2. PRINT FULL NAME Harry E. Johnson

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Burst Johnson

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him... alive on..., 19... Death is said to have occurred on the date stated above, at... m.

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

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 6 5

Date of onset

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

Name of operation Date of

13. NAME

What test confirmed diagnosis? Was there an autopsy?

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

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.

15. MAIDEN NAME

Manner of injury Nature of injury

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

24. Was disease or injury in any way related to occupation of deceased? If so, specify

17. INFORMANT (ADDRESS)

(Signed) W. J. McCarthy, M. D.
 (Address) Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REPORT OF THE COMMISSIONER OF THE GENERAL LAND OFFICE
ON THE PROGRESS OF THE PUBLIC LANDS SURVEY
DURING THE YEAR 1870

WASHINGTON:
GEO. P. PUTNAM, PUBLISHER,
1871.

The following report of the Commissioner of the General Land Office, on the progress of the public lands survey during the year 1870, is published in accordance with the provisions of an act of Congress, approved March 3, 1870, (16 Stat. 122), which provides that the Commissioner shall report annually to the President, and through him to the Senate, on the progress of the survey of the public lands, and on the amount of land surveyed, and on the amount of land sold, and on the amount of land reserved for the use of the Government, and on the amount of land reserved for the use of the States, and on the amount of land reserved for the use of the Territories, and on the amount of land reserved for the use of the Indians, and on the amount of land reserved for the use of the other public uses, and on the amount of land reserved for the use of the other public uses.