

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2435**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7224 Highland Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **-----**
(Specify whether
 In this community **19 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
 (d) Street No. **7224 Highland Avenue**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **-----** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12th**
 year **1940** hour **-----** minute **-----** M.
 21. I hereby certify that I attended the deceased from **May**
22nd, 1940, to **June 12th**, 1940,
 that I last saw him alive on **-----**, 19**-----**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Septic meningitis**
 Duration **yes**

Due to **99a**
 Due to **-----**
 Other conditions **-----**
(Include pregnancy within 3 months of death)

PHYSICIAN **-----**
 Major findings: **-----**
 Of operations **-----**
 Of autopsy **Chronic Septic meningitis**
 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 type of place) (e) Means of injury **-----**
 23. Signature **-----** (M. D. or other)
 Address **80 E. Park** Date signed **6/13/40**

3. (a) PRINT FULL NAME **Mr. Robert Arthur Johnson**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **-----**
 6. (c) Age of husband or wife if alive **-----** years

7. Birth date of deceased **May 28 1921**
(Month) (Day) (Year)

8. AGE: Years **19** Months **0** Days **15** If less than one day **-----** hr. **-----** min.

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

10. Usual occupation **At Home**

11. Industry or business **-----**

MOTHER FATHER { 12. Name **Robert L. Johnson**
 13. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ruth M. Peterson**
 15. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert L. Johnson**
 (b) Address **7224 Highland Avenue**

17. (a) **Burial** (b) Date thereof **June 14, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **-----**
 (b) Address **1401 Brush Creek Blvd**
June 14, 1940
 19. (a) **M. H. Crow**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Ms.

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.