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

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24314

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2924

1. PLACE OF DEATH:
(a) County Jackson 1
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12½ Hrs. (Specify whether
In this community 25 Yrs 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 limits write "RURAL")
(d) Street No. 1221 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME John F. Johnson 525
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XX
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 23 (Day) 1865 (Year)

8. AGE: Years 74 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Karlsbad (City, town, or county) Sweden (State or foreign country) 7
10. Usual occupation Mechanic 7
11. Industry or business 7
FATHER
12. Name Eric J. Johnson
13. Birthplace Unknown (City, town, or county) Sweden (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Sweden (City, town, or county) (State or foreign country)
16. (a) Informant Eric J. Johnson
(b) Address Topeka Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Carbondale Kans.
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.
19. (a) July 22, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1940 hour 1 minute 05 P. M.
21. I hereby certify that I attended the deceased from July 21st, 1940, to July 21st, 1940, 19 ; that I last saw him alive on July 21st, 1940, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 94B
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Seeabove

Duration

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? (Specify type of place)
While at work? (e) Means of injury 1
23. Signature Amey R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hosp Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Wicks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.