

FILED AUG 14 1940

Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 2998

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:
1109 East Armour Blvd. - Apt. # 804
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 20 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 1199 East 66th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mr. Garland Paul Johnson

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Bobbie Maude Johnson 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 9 1896
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Owner 321 North 7th Street, Kansas City

11. Industry or business Kansas Typewriter Exchange

12. Name Charles E. Johnson

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Maude Wiley

15. Birthplace Bolton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bobbie Maude Johnson

(b) Address 1199 East 66th Street

17. (a) Removal (b) Date thereof July 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 Ridgeway, Missouri

18. (a) Signature of funeral director M. N. Newcomer's son

(b) Address 1401 Brush Sneek Blvd.

19. (a) July 28, 1940 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1940 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Acute pulmonary congestion

Due to _____

Other conditions _____
(Such as pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify kind of place)
(e) Signature Walter H. Miller (M. D. or other) _____
Address Kel. Mo. Date signed _____

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

MOTHER FATHER

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.....

H. C. Newcomer, Jr.

Licensed Embalmer No. 4043

P. O. Address H. C. Newcomer, Jr.

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.