

No. 4-53-4
5-17-39
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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2875

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 15

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

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Independence, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1708 Claremont
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John A. 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 2 divorced Widowed

6. (b) Name of husband or wife Emily S. Johnson

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 22 - 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Taylor & Cleaner

11. Industry or business _____

12. Name Edward Johnson

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

14. Maiden name Justina Abrahamson

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

16. (a) Informant Mrs. Kathaleen Moore

(b) Address 1708 Claremont

17. (a) Rural (b) Date thereof 11/3/41
(Burial, cremation, or removal) (Month), (Day), (Year)

(c) Place: burial or cremation Paul Hill

18. (a) Signature of funeral director W. H. G. G. G. G. G.

(b) Address Independence, Mo.

19. (a) Jan 14 41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 1708 Claremont
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1930
_____, 19____, to Jan 11, 1941
that I last saw him alive on Jan 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Mixed Encephalopathy

Due to Multiphase Neuritis 10yr

Due to Acute Myelitis 1 mca

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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?
Yes
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. G. G. G. G. (M. D. or other) W.H.

Address 1103 E. Cannon Date signed 1-15-41

9276

Dr. Earl Jackson
1103 Abnour

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 *Floyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *Independence*

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, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. 2875-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 398

Primary Registration District No. 5554

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Blue Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME John A Johnson

3. (b) If veteran name war
3. (c) Social Security No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 19 hr min

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month day year hour minute M.
1941 11

21. I hereby certify that I attended the deceased from 19 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: Multiple Myeloma
Due to: acute nephritis
Other conditions: (Include 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 type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

MOTHER FATHER

SUPPLEMENTAL

7.10 244

12/18

