

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
17 E. Front St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 20 yrs
In this community about 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 17 Front St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie Rily Johnson

3. (b) If veteran, name war No 3. (c) Social Security 702-16-0275

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 Sept. 7 1882 1881
(Month) (Day) (Year)

8. AGE: 59 Years 6 Months 28 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad Labor

11. Industry or business _____

MOTHER, FATHER { 12. Name John Wisly Johnson
13. Birthplace Do not know
(City, town, or county) (State or foreign country)
14. Maiden name Hellen Holmes
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tamma Magen
(b) Address 242 S. 21 St. K. C. K.

17. (a) Burial (b) Date thereof April 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director. Passantino Bro's.
(b) Address K.C. MO.

19. (a) 4/10/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1941 hour 5 minute 30 P.M.

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

Due to Leban pneumonia (bacterial)

Other conditions 108
(Include pregnancy within 3 months of death) 108

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? _____

(Specify type of place) _____
(Specify type of injury) _____
23: Signature Walter H. Baker (M. D. or other)
Address W.C. Mo. Date signed _____

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

8
3
8

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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..... *Parley G. Row*.....
Licensed Embalmer No. *2347*.....
P. O. Address..... *191 C. Mo.*.....

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.