

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17186
Registrar's No. 1848

Registration District No. 399

Primary Registration District No. 1002

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME EDWARD H. JOHNSON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellis F. Johnson 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept 3 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace 1 Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ernest W. Johnson

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

14. Maiden name Lillian Zimmerman

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

16. (a) Informant Mrs. J. D. Kreeger

(b) Address Grandview, Mo.

17. (a) Burial (b) Date thereof May 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palatka Cem, Jackson Co.

18. (a) Signature of funeral director E. R. Brown, Mo.
(b) Address 7 South Main, Mo.

19. (a) May 16 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Grandview
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1941 hour 11 minute 10 P.M.

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 _____

Hypostatic bronchopneumonia

Albumin & chronic pyelonephritis

Acute gangrenous cystitis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy above

PHYSICIAN

Duration _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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) (Means or injury)

23. Signature W. H. Baker (M. D. or other) _____

Address See above, K. C. Mo. Date signed 5/10/41

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

17186

Handwritten notes, possibly a date and name, written upside down.

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: A. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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, above space should be left blank.