No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20660

Registration District No. 399 FILED JUL 7 1941

Primary Registration District No. 102

Registrar's No. 2190

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: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 3 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2410 Troost Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johnson infant

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race wh

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 3 (Day) 1941 (Year)

8. AGE: Years | Months | Days 3 | If less than one day 2 hr. min.

9. Birthplace K.C. Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Edward Johnson

13. Birthplace Texas (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Emma Johnson

15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Edward Johnson

(b) Address 2419 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director F. L. Walton

(b) Address 2738 Prospect ave

19. (a) 6/6/1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1941 hour 3 minute 50 A. M.

21. I hereby certify that I attended the deceased from 6-3-41, 19..., to 6-6-41, 19...; that I last saw him alive on 6-6-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Icterus neonatorum Gravidarum

Due to Hepatitis

Due to Hepatitis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

See above

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

23. Signature Drury R. Thom (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital Date signed 6-6-41

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.