

FILED JUL 7 1941

Registration District No. **299**

Primary Registration District No. **1002**

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

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:
604 West 33rd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **About 60 years** (Specify whether)
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 limits, write "RURAL")
(d) Street No. **604 West 33rd Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**
year **1941** hour **4:40 PM** minute _____ M.
21. I hereby certify that I attended the deceased from **June 19**
1941 to **June 24** 19**41**
that I last saw him alive on **June 24** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage** Duration **5 days**
Due to: **arteriosclerosis**
Due to: **arteriosclerosis**
Other conditions: **arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: **none**
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Swan E. 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 **Mrs. Anna Johnson** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **March 15 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **3** Days **9** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Building contractor**

11. Industry or business **Don't Know**

12. Name **Don't Know**

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

14. Maiden name **Don't Know**

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

16. (a) Informant **Mrs. Anna Johnson**

(b) Address **604 West-33rd Street**

17. (a) **burial** (b) Date thereof **6/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah Cem**

18. (a) Signature of funeral director **R. V. Lindsey & Sons**

(b) Address **3911 Broadway**

19. (a) **6/27/41** (b) **M. H. Crowe**
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____
23. Signature **Carole Johnson** (M. D. or other) **MD**
Address **110 E Center** Date signed **6-28-41**

Dr. Carl Jackson
1103 E. Ammon
12-4

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.....

Leon H. Stewart

Licensed Embalmer No. *4177*

P. O. Address *Kansas City, 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.