

FILED AUG 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2737**

48  
890

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

**1. PLACE OF DEATH:**

(a) County **Jackson,**  
**Kansas City,**

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

(c) Name of hospital or institution:  
**Wheatley Hospital,**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days,**  
(Specify whether

In this community **as above,** **0** (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Kansas,** (b) County **999**

(c) City or town **Ottawa,**  
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **-**  
(If rural, give location) **5**

(e) Citizen of foreign country? (Yes or No) **2**  
If yes, name country

**3. (a) PRINT FULL NAME** **Ambrose Johnson,**

3. (b) If veteran, **No** name war

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **Black**

6. (a) Single, widowed, married, divorced **Div. 3**

6. (b) Name of husband or wife **Nettie Payne**

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

7. Birth date of deceased **February 5, 1882**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>59</b>	<b>6</b>	<b>16</b>	hr. min.

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

10. Usual occupation **Janitor,**

11. Industry or business **X**

**MOTHER FATHER** { 12. Name **Andrew Johnson**

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

14. Maiden name **Isabelle Edwards**

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

16. (a) Informant **Mr. Lamb,**

(b) Address **Ottawa, Kansas,**

17. (a) **Removal,** (b) Date thereof **7-21-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottawa, Kansas,**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **7-22-41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **21st,**  
year **1941** hour **5:30** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **July 16-1941**  
to **July 24, 1941**  
that I last saw him alive on **July 24, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **T. B. peritonitis**

Due to **Dent know**

Due to **15**

Other conditions **15**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

**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. M. Crowe** (M. D. or other) **1**

Address **525 Argyle Bldg** Date signed **7-22-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. D. M. Niéro,  
Argyle Bldg.,

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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.....

*E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address..... *H. @ 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.**