

Registration District No. 1002

Primary Registration District No. 1002

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:
636 West 39th Terrace /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48
(a) State (b) County
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 636 West 39th Terrace 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1941 hour 9:50 PM minute _____ M.
21. I hereby certify that I attended the deceased from July 8 1938 to July 29th 1941;
that I last saw him alive on July 29th 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Carl A. Johnson

3. (b) If veteran, name war - 3. (c) Social Security No. 300-03-9660

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Christine Johnson 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 21 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Machinist

11. Industry or business _____

12. Name Don't Know Johnson

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. Mary C. Johnson

(b) Address 636 West 39th Terrace

17. (a) burial (b) Date thereof 8/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

(b) Address 3811 Broadway

19. (a) 8/1/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Immediate cause of death Carcinoma of Prostate unknown

Due to 51 B

Due to _____

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

Major findings: Of operations Carcinoma of Prostate

Of autopsy none

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) (e) Means of injury _____

While at work? _____

23. Signature N. E. Carlson (M. D. or other) _____

Address 1530 2nd Bldg Date signed Aug 1, 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
83

3

Dr. H. E. Carlson
Pres. Body
12:30 X05

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.