

FILED OCT 13 1941  
377  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1062

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:  
4506 Main St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 7 weeks,  
years, months or days (Specify whether)

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. 4506 Main Street,  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 4th  
year 1941 hour 4:45 minute P.  
21. I hereby certify that I attended the deceased from July 28  
41 to Sept 4 1941  
that I last saw him alive on Sept 2 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Due to Cerebral Thrombosis  
Duration \_\_\_\_\_  
Other conditions Cerebral Thrombosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy HBR  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. B. Robinson (M. D. or other) \_\_\_\_\_  
Address 1116 Pitt. Bldg. K. O. Date signed 9/5/41

3. (a) PRINT FULL NAME

Elmer E. Johnson,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. X

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

6. (b) Name of husband or wife Emma A. Johnson, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 3 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER { 12. Name Elias Johnson,

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

14. Maiden name Unknown,

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

16. (a) Informant H. L. Robinson,

(b) Address 4506 Main St., Kansas City, Mo.

17. (a) Removal, (b) Date thereof 9-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Grand Rapids, Michigan,

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

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 9/5/41 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

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

Dr. H. P. Boughnow.

Prof Bldg  
No. 2646

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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 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.