

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4103

48
3
8
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:
132 Spruce
(If not in hospital or institution, write street number or location)

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

In this community 3 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

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

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Myrtle H. Johnson 6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased April 26, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	6	7	hr. min.

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

10. Usual occupation Rancher and Banker

11. Industry or business _____

12. Name John J. Johnson

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

14. Maiden name Ary P. Selsor

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

16. (a) Informant Mrs. Myrtle H. Johnson

(b) Address Russell, Kansas

17. (a) Removal (b) Date thereof 11/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell, Kansas

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 11-4-41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 3
year 1941 hour 11:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept. 15, 1941
_____, 19____, to November 3, 1941;
that I last saw him alive on November 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to same

Due to same

Other conditions NONE
(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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)

(c) Means of injury _____

23. Signature Fred Irwig (M. D. or other)

Address 1616 Prof. Bldg. Date signed _____

999
11/6
2

44B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 29 1941

Prof. B. H. ...

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 *me*

..... Registered Apprentice No.
working under my personal supervision.

Signed *J. C. ...*

Licensed Embalmer No. *4177*

P. O. Address *K. ...*

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.