

No. 2
1-4-41
-17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37369**

DEC 22 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1164**

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:
Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

In this community **27 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. **2225 Campbell**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry W. Johnson**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **6**, year **1941** hour **7** minute **25** A.M.

21. I hereby certify that I attended the deceased from **Nov. 4**, 1941, to **Nov. 6**, 1941, that I last saw him alive on **Nov. 6**, 1941, and that death occurred on the date and hour stated above.

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

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Addie Johnson**

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

7. Birth date of deceased **December 10, 1861**
(Month) (Day) (Year)

Immediate cause of death _____

Massive Cerebral Hemorrhage

Due to **Hypertension**

Due to **Cerebral Sclerosis**

Other conditions (include pregnancy within 3 months of death) **83a**

8. AGE: Years **79** Months **10** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **None**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Richard Hunter**

(b) Address **2225 Campbell**

17. (a) **burial** (b) Date thereof **11/10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Halden [Signature]**

(b) Address **1729 Lydia**

19. (a) **11-10-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy **above**

PHYSICIAN _____

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 **[Signature]** (M. D. or other) _____

Address **1830 Vine St.** Date **11/10/41**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.