

DEC 22 1941 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4423

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:
K.C. Convalesant 3240 Lockridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo.
(Specify whether
In this community 50 Yrs.
years, months or days)

3. (a) PRINT FULL NAME HARRY JOHNSTON

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

4. Sex MO 5. Color or race W 6. (a) Single/widowed, married, divorced Married
6. (b) Name of husband or wife Alvern Johnston 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov. 23 1865
(Month) (Day) (Year)

8. AGE: 76 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired Stockman

11. Industry or business _____

12. Name Issac M. Johnson
13. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V.E. Pitcher
(b) Address 3025 Indiana

17. (a) Burial (b) Date thereof Nov. 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 11-29-41 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3025 Indiana
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1941 hour 5:00 minute _____ M.
21. I hereby certify that I attended the deceased from Sept 9, 1941
19 _____, 19 Nov 27 19 41
that I last saw him alive on Nov 27 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Chronic Myocardial
disease with
Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: g3 D
Of operations _____
Of autopsy _____

Duration _____
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 C
23. Signature M. H. Crowe (M. D. or other) _____
Address 3202 Woodside Date signed 11-27-41

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

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..... *Chas Wilkes*

Licensed Embalmer No... *2644*

P. O. Address... *1800 Pinewood*

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.