

DEC 31 1941

398

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence, Mo.  
(c) Name of hospital or institution: 117 So. Dodgson St.  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence, Mo.  
(d) Street No. 117 So. Dodgson St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William Henry Johnson

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, or widowed  
6. (b) Name of husband or wife Alice L. Johnson  
6. (c) Age of husband or wife if alive 60  
7. Birth date of deceased March 26 1882

8. AGE: Years 59 Months 8 Days 7 hr. min.

9. Birthplace Lafayette County Missouri

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name unknown  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Howard Johnson

(b) Address 125 E. 8th St. Independence, Mo.

17. (a) Burial (b) Date thereof Dec 7 1941  
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Gate & Sons

(b) Address Independence, Mo.

19. (a) Dec 4/4 (b) F. L. Book M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1941 hour 7 minute P M.

21. I hereby certify that I attended the deceased from years 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant Hypertension, Chronic Cardio-vascular - Renal Disease

Due to: Chronic Alcoholism

Other conditions: F. L. Book M.D.

Major findings: Of operations

Of autopsy 13/a 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?  
(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 (M. D. or other) F. L. Book M.D. Date signed 12-4-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18  
4  
4

**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

Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.**