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rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sugar Creek  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Blue Tree  
11204 Burton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 11300 Norrell  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME CHARLES JOHNSON

3. (b) If veteran, name war none

3. (c) Social Security No. 7000

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1942 hour 1 minute 45A M.

21. I hereby certify that I attended the deceased from 1942 to 1942, 19....., 19..... that I last saw him alive and that he expired on the date and hour stated above.

Immediate cause of death.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maie Johnson 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 8 - 1881  
(Month) (Day) (Year)

Acute coronary occlusion

Due to.....

Other conditions (Include pregnancy within 3 months of death) 9 ka

Major findings: Of operations.....

Of autopsy yes

8. AGE: Years 60 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation mail messenger

11. Industry or business hauling mail

12. Name William Johnson

13. Birthplace no record Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Quinn E. Johnson

15. Birthplace no record Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Maie Johnson  
(b) Address Sugar Creek, Mo.

17. (a) buried (b) Date thereon 4/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave

18. (a) Signature of funeral director Geo. C. Carson  
(b) Address Independence, Mo.

19. (a) 4-11-42 (b) J. M. W. Ross  
(Date received local registrar) (Registrar's signature)

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?..... (e) Means of injury.....

23. Signature W. M. W. Ross (M. D. or other).....  
Address K. C. Mo. Date signed.....

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

MOTHER FATHER

1163 (Licensed Embalmer's Statement on Reverse Side)

JUL 14 1974

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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.....

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.**