

REC'D JUL 9 1943 99

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2528

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: 1828 E-18th St Rear 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2.5 years (Specify whether years, months or days)

In this community: 2.5 years

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.: 2016 E-16th St
(If rural, give location)

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

3. (a) PRINT FULL NAME: Jason Johnson

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: male

5. Color: Colored

6. (a) Single, widowed, married: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: 21 years (Month) (Day) (Year)

7. Birth date of deceased: 2 18 1909

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>4</u>	<u>13</u>	hr. min.

9. Birthplace: Marshall Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Taxi Driver

11. Industry or business:

MOTHER FATHER {

12. Name: Douglas Johnson

13. Birthplace: Marshall Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Maude Brown

15. Birthplace: Marshall Missouri
(City, town, or county) (State or foreign country)

16. (a) Name: Mrs. Maude Turner

(b) Address: 1725 Euclid Ave

17. (a) Burial: Highland (b) Date thereof: 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director: H. B. Moore
1820 E-18th

(b) Address:

19. (a) 7-3-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 42 hour 7:55 minute 10 M.

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

Immediate cause of death: Chronic myocarditis - acute fulminant course

Due to: 935

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: See report

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)

23. Signature: [Signature] (M or other) 3
Address: [Signature] Date signed: 7/10/42

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 me

AB Moore

Registered Apprentice No.

working under my personal supervision.

Signed AB Moore

Licensed Embalmer No. 7410

P. O. Address 1820 E 18th St

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.