S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20931

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 93

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City, 3 (If outside city or town limits, write "RURAL")
(d) Street No. 5727 Oak 8 (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Gustav Johnson
3. (b) If veteran, name war
3. (c) Social Security No. Do Not Know
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sue
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 3 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
58	7	28	hr. min.

9. Birthplace Omaha (City, town, or county) Neb 1 (State or foreign country)
10. Usual occupation Shipping Clerk
11. Industry or business Jordan Air & Bump Co
FATHER
12. Name Swen Gustav Johnson
13. Birthplace (City, town, or county) Sweden 4 (State or foreign country)
MOTHER
14. Maiden name Hattie C. Nelson
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)
16. (a) Informant Mrs Lillian Jordan
(b) Address 5727 Oak Kansas City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 5 (Day) 42 (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs Missouri
19. (a) 6-5-42 (Date received local registrar) (b) Mrs Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/1 day year 1942 hour 7:30 minute P.M.
21. I hereby certify that I attended the deceased from 6/1 1942 to 6/1 1942 that I last saw him alive on 6/1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33a	
Major findings: Of operations none	
Of autopsy none	

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) O
(b) Date of occurrence O
(c) Where did injury occur? O (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury?
23. Signature S. R. McCracken (M. D. or other) MD
Address Excelsior Springs Date signed 6/2/42

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.