

FILED JUL 27 1942

Registration District No. .... 399

Primary Registration District No. .... 1002

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: 120 E 15th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 23 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1130 Holmes  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles Boyd John

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Frances Elvira 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased APRIL 8 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Park Dept Tobacco

11. Industry or business

MOTHER FATHER { 12. Name Isaac John  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances John

(b) Address 1130 Holmes

17. (a) Burial (b) Date thereof 7-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director John Francis

(b) Address 3146 Main

19. (a) 7-16-42 (b) Th. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14  
year 42 hour 5:15 M. A

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

Immediate cause of death rupture of aorta due to  
medial aortic sclerosis

Due to.....

Due to.....

Other conditions..... 96  
(include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy See other

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.....

23. Signature J. H. H. H. (M. D. or other) 11/6/42

Address Floral Hill Date signed 7/16/42

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

488  
2108

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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..... *Paul G. Rowe* .....

Licensed Embalmer No. *2347* .....

P. O. Address..... *KCMo* .....

**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.**