

FILED SEP 3 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3189

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

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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/25/42 to 8/23  
2 hours 20 years  
(Specify whether years, months or days)

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. 1816 Grove St Apt. 17  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Allen Johnson

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-16-2595

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cynthia Johnson

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased October 3, 1910  
(Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 3  
20 If less than one day hr. min.

9. Birthplace Ardmore Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name James Johnson

13. Birthplace Sherman Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Georgie Binks

15. Birthplace Sherman Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Georgie Goddin

(b) Address 2733 Vine Street

17. (a) burial (b) Date thereof 8/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director J. H. Cross

(b) Address 1729 Lydia

19. (a) 8-25-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month August day 23  
1942 year hour 3 minute 45 P.M.

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

Immediate cause of death Sunshot wound of the abdomen

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 166

Major findings: Of operations.....

Of autopsy see above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 8/23/42

(c) Where did injury occur? K. C. Mo - Jackson Co.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work (Specify type of place) franchise

(e) Means of injury by firearm

23. Signature [Signature] (M. D. or other) 3

Address K. C. Mo. Date signed 8/24/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....  
*C. H. Fisher*

Licensed Embalmer No. *2710*

P. O. Address. *Kansas City, 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.