

DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4261

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 No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-4-42-8 hrs.  
(Specify whether  
In this community Unknown 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. 1824 E. 11th  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME CHRISTIAN JOHNSON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 496-09-2133

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4  
year 1942 hour 7 minute 40 p. M.

21. I hereby certify that I attended the deceased from 11-4-42  
11:00 a.m. to 7:40 p.m.  
that I last saw h. im alive on November 4  
and that death occurred on the date and hour stated above.

4. Sex Male 2. Color or race Negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased unk  
(Month) (Day) (Year)

Immediate cause of death Acute Congestive Heart Failure Duration \_\_\_\_\_

Due to Arteriosclerotic type heart disease with decompensation

8. AGE: Years 69 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 935

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

10. Usual occupation Laborer

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-13-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem. K.C. Mo.

(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Adams Bros.

(b) Address 2000 E. 12th, K.C. Mo.

19. (a) 11-16-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature Gen. H. H. H. H. H. (M. D. \_\_\_\_\_)

Address Gen. H. H. H. H. H. Date signed 11-9-42

---

---

**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 A. T. Moore

Licensed Embalmer No. 948

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.**