S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2458

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 3

1. PLACE OF DEATH:

46 (a) County Jackson

(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)

4 (c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town ~~Kansas City~~ Blue Twp. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8700 East 23rd, St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Harvey Gene Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh. 0

6. (a) Single, widowed, married, divorced Child 0

6. (b) Name of husband or wife Child

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

7. Birth date of deceased July (Month) 27th, (Day) 1938 (Year)

8. AGE: Years 4 Months 5 Days 5 If less than one day hr. min.

9. Birthplace K. C. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Harry Johnson
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Thelma Nickey
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Harry Johnson
(b) Address 8700 East 23rd, St. Indep.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 -43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Rose & Henderson
(b) Address Kansas City, Missouri

19. (a) JAN. 4-1943 (Date received local registrar) (b) James W Ross (Registrar's signature)

1943 1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd, year 1943 hour 10 minute 25 P. M.

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

Immediate cause of death Fracture of the skull Basilar meningitis

Due to Automobile traumatism

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations

Of autopsy see above

170C-8
J.1

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) accident 123

(b) Date of occurrence 12/9/42

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In street
(Specify type of place)

While at work? No (e) Means of injury struck by motor car

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

Address K. C. Mo. Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1943

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 John B. Clap

Licensed Embalmer No. 2955

P. O. Address 1 C. Ind

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.