

FILED MAR 5 1943
Registration District No. 1943/9

Primary Registration District No. 1002

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 1-26-43-2-8-43
(Specify whether years, months or days)

In this community 35 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. 439 Charlotte
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME SYLVESTER JOHNSON

3. (b) If veteran, name war Regular Army

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1943 hour 5:00 minute a. M.

4. Sex Male 5. Color or race Negro

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

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

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

7. Birth date of deceased 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 26, 1943 to February 8, 1943
that I last saw him alive on February 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>			hr. _____ min.

Due to Senile Psychosis

Due to 162a

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

9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

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 John Johnson

13. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name America?

15. Birthplace Howard Co. Missouri
(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 _____

(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 G. L. Brown (M. D. or other) _____
Address Gen. Hosp #2-600 E. 22 Date signed 2-10-43

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Stallins Bros

(b) Address 1721 Lyda

19. (a) 2-18-43 (Date received local registrar) (b) B. M. Brown (Registrar's signature)

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..... *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.