S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5272

Registrar's No. 1126

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:
K.C.General Hospital No.1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos & 3 ds. (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 6

(d) Street No. 3339 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Mar. 1

6. (b) Name of husband or wife Hannah M

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 3, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Office Clerk

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Moody
(b) Address 2332 Lister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Blackman
(b) Address K. C. Mo.

19. (a) 3/5/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1943 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 12-31-42, 19, to 3-3-43, 19; that I last saw him alive on 3-3-1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease with terminal pneumonia, Lobar

Due to 108

Due to

Other conditions Gangrene of left foot
(Include pregnancy within 3 months of death)
Arterio-sclerotic

Major findings:
Of operations

Of autopsy None

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dewey R. Thorn (M. D. or other)
Address Med. Dir K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 W D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.