

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

X32873

Registration District No. 749

Primary Registration District No. 1002

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:
2112 East 14th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2112 East 14th St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Ellen Johnson

3. (b) If veteran, name war None

3. (c) Social Security No. 498-14-6505

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 5 minute 30 P.M.

4. Sex Fe 3

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 5 years (Day) (Year)

7. Birth date of deceased November 5 1915
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NOV 5 to MAY 22 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>6</u>	<u>17</u>hr.min.

Immediate cause of death Hemorrhage of lungs Duration _____

Due to Pulmonary tuberculosis

Due to 12 B

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

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

10. Usual occupation Laundry Worker

11. Industry or business Wolf Bros. Laundry

MOTHER FATHER {

12. Name Isaac Greggs

13. Birthplace Frierson La.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jamison

15. Birthplace Frierson La.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Scott Jamison

(b) Address 2301 Wabash

17. (a) removal (b) Date thereof 5/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shreveport, La.

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) (c) Means of injury _____

23. Signature L. J. Miller (M. D. or other) _____
Address 1203 Plaza Date signed 5/26/43

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

(b) Address 1729 Lydia

19. (a) 5-26-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

L. J. Miller.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.