

FILED JUN 7 1948
Registration District No. 149

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:
1516 East 37th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 Years years, months or days)

3. (a) PRINT FULL NAME Mr. Frederick Llewellyn Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. 487-16-4809

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Caroline Johnson

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 21 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 6 28 17 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Folger Coffee Company

12. Name John Johnson

13. Birthplace Mobile Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Susana P. Stoddard

15. Birthplace Mobile Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Johnson

(b) Address 1516 East 37th Street

17. (a) Cremation (b) Date thereof May 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-10-48 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 1516 East 37th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 1939 to May 8, 1948,
that I last saw him alive on May 7, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration _____
more than 4 yrs

Due to 428

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature S. M. Sealman (M. D. or other) _____

Address 38670 13th Ave Date signed 7-9-48

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..... *Emile M. Colton*

Licensed Embalmer No..... *3506*

P. O. Address..... *Kc 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.