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20427

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

JUN 30 1943
 Registration District No. _____

Primary Registration District No. 1007

Registrar's No. 2696

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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 In this community 10 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Wendell
 (c) City or town Kansas City, Kan.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 408 - Seminary St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry E. Johnson
 3. (b) If veteran, name war No
 3. (c) Social Security No. 499-07-6398

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 13
 year 1943 hour 10 minute 47 P.M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____
 that I last saw h Deputy Coroner
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Della Johnson
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Feb 28 1892
 (Month) (Day) (Year)

Immediate cause of death
Automobile Traumatism
Multiple fractures of ribs and pelvis.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>3</u>	<u>15</u>	hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy See Above

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

10. Usual occupation Teacher

11. Industry or business _____
 12. Name James Johnson
 13. Birthplace No record 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna M. Bell
 15. Birthplace No record 9
 (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) Accident
 (b) Date of occurrence June 15, 1943
 (c) Where did injury occur Kansas City Jackson Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place (in public place?) _____
 While at work? No (Specify type of place) _____ (e) Means of injury Auto Trauma

16. (a) Informant Henry Johnson
 (b) Address Lawton, Okla.
 17. (a) Removal (b) Date thereof 6-15-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation El Dorado Springs Mo
 18. (a) Signature of funeral director H. Bergman
 (b) Address 231 - Seminary Bld.
 19. (a) 6-15-43 (b) P. E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature A. E. Stecher (M. D. or other) _____
 Address 231 Seminary Date signed 6/17/43

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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.....

Harry Bergman

Licensed Embalmer No.....

2041

P. O. Address.....

Kan City, 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.