

ED JUN 24 1943  
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:  
**4022 Chestnut Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **15 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. **4022 Chestnut**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Harve Johnson**

3. (b) If veteran, name war. **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **2**  
year **43** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **6/2/43** 19...  
that I last saw him alive on **6/2/43** 19...  
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 **Mrs. Gertrude E. Johnson**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **January 26 1858**  
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerotic heart disease**

Due to **Arteriosclerotic heart disease**

Duration **93.5**

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

**85** **4** **76** hr. min.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Shelby County Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Hotel Keeper-Butler, No.**

11. Industry or business **Former Sheriff of Bates County**

MOTHER FATHER

12. Name **Robert Johnson**

13. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Christy**

15. Birthplace **Shelby Kentucky**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: **Regeneration of history**

Of autopsy **Regeneration of history**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Gertrude Johnson**

(b) Address **4022 Chestnut**

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) (c) Means of injury

17. (a) **Burial** (b) Date thereof **June 4, 1943**  
(Basin, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery, Rich Hill, Missouri**

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

(b) Address **1401 Brush Creek Blvd.**

23. Signature **[Signature]** (M. D. or other) **[Signature]**

Address **[Signature]** Date signed **[Signature]**

19. (a) **6-4-43** (b) **M. M. Crowe**  
(Date received local Registrar) (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 Emile M. Calhoun

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.**