

FILED DEC 3 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4873

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: 1 Home 2912 Park  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home  
In this community 45 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME OTTO JOHNSON

3. (b) If veteran, name war no 3. (c) Social Security No. 496-05-8033

4. Sex male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Anna Johnson 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan I 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) (State of foreign country) 4

10. Usual occupation Stone Mason

11. Industry or business

MOTHER FATHER { 12. Name John Johnson  
13. Birthplace Sweden (City, town, or county) (State of foreign country) 4  
14. Maiden name Unknown  
15. Birthplace Sweden (City, town, or county) (State of foreign country) 4

16. (a) Informant Mrs Anna Johnson  
(b) Address 2912 Park Ave

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof II 19th 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 11-18-43 (b) T. E. 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. 2912 Park Ave (If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Sweden 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th  
year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from July 6th, 1943, to Nov 16, 1943.

that I last saw him alive on, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease, coronary sclerosis 8 mos.

Due to 93d

Other conditions Coronary heart failure 5 mos.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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? \_\_\_\_\_

23. Signature Joseph G. Smith (M. D. or other) M.D.  
Address 830 Prof. Bldg. Date signed 11/17/43  
While at work (Specify type of place) (e) Means of injury 0

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

DR J.E. WELKER  
PROF BLDG Phone VI 6087

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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 Chas Welker

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

**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.**