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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6147

State File No.

641

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

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: 480 S. Merceer St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3944 Central (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME JOHNSON-WALTER

3. (b) If veteran NO 3. (c) Social Security name and No. NO NO 99-10-5034

4. Sex Male 5. Color of race Wh 6. (a) Single, widowed, married single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7-1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Winthrop Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name David Johnson

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

14. Maiden name Adela Embrey

15. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Delaney N. Johnson
(b) Address 930 So 112 Rd

17. (a) Burial (b) Date thereof 2-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. E. Brown
(b) Address 1000 E. 12th

19. (a) W. E. Brown (b) P. E. Brown
(Data received from local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him as Deputy Coroner _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute Coronary Insufficiency

Due to Coronary Sclerosis

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy See Above

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) (Means of injury) _____

23. Signature W. E. Brown (M. D. or R. N.) W. E. Brown
Address 2211 E. 12th Date signed 2/7/44

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

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.