S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 49

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9914

Registrar's No. 1246

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: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 2

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 315 W. 9 St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clarence Lawrence Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. 486-26-9836

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife No Record

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

7. Birth date of deceased March (Month) 14 (Day) 1900 (Year)

8. AGE: Years 44 | Months 0 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Clerk

11. Industry or business Hanley Commissary Supply

FATHER
12. Name No Record
13. Birthplace (City, town, or county) No Record (State or foreign country) 9

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) No Record (State or foreign country) 9

16. (a) Informant Lucy Solomon
(b) Address 315 West 9th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forstor
(b) Address Kansas City, Mo.

19. (a) 3-20-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 23, 1944, to March 18, 1944
that I last saw him alive on March 18, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral far advanced tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature A. E. Upsher Med. Dir. (M. D. or other) M.D.
Address 22 M Coy Date signed 3-20-44

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(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas 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.