

FILED APR 13 1944

Registration District No. 73

Primary Registration District No. 5291

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Birmingham Liberty mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Chicago, Milwaukee, St Paul R.R. Right of Way  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Larned  
(c) City or town Larned  
(If outside city or town limits, write "RURAL")  
(d) Street No. 101 Mark St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ray P. Johnston

3. (b) If veteran, name war No 3. (c) Social Security No. 503 07-0646-356M

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

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

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

10. Usual occupation Labor

11. Industry or business Rail Road

12. Name Unknown

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant None

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Larned, Kansas

18. (a) Signature of funeral director O. Gardner

(b) Address 119 E Franklin St Liberty

19. (a) Mar. 28 (b) H. E. Nelson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 26 year 1944 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Coronary Occlusion

(b) Date of occurrence 3-26-44

(c) Where did injury occur? Birmingham City Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? R.R. Right of Way Milwaukee

While at work? yes (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R. A. Procher (M. D. or other)

Address Epelwa Springs Date signed 3-26-44

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

400

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-12-44

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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 J. Gardner Jr

Licensed Embalmer No. 3934

P. O. Address Liberty 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.