

FILED JUN 3 1944
749

Registration District No. _____ Primary Registration District No. 1002

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:
2712 East 55th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 years
years, months or days

3. (a) PRINT FULL NAME Edward Johnson
3. (b) If veteran, name war None
3. (c) Social Security No. none

4. Sex Male 5. Color or Race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bettie Johnson
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 2, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 22 hr. min.

9. Birthplace Wilmington W. Va.
(City, town, or county) (State or foreign country)

10. Usual occupation Hod Carrier

11. Industry or business _____

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

16. (a) Informant Irene Elmore
(b) Address 2712 East 55th St.

17. (a) burial (b) Date thereof 5/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)
Highland Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hatkins
1729 Lydia

(b) Address _____
19. (a) 5-27-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
Kansas City
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 2712 East 55th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes/for No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1944 hour 3:50 minute A. M.

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

Immediate cause of death Cerebrovascular hemorrhage
Duration _____

Due to Hypertensive heart disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations _____
Of autopsy not done
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 _____

23. Signature Daniel A. Wako (M. D. number) _____
Address 2204 E 18th St. KC, Mo. Date signed 5/26/44

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 *D. J. Manlove*
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.