

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20694**
Registrar's No. **2683**

Registration District No. **149**

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: **General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 hours** (Specify whether
In this community **12 hrs** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Ind. Washington**
(If outside city or town limits, write "RURAL")
(d) Street No. **1504 Vincil** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **CHARLES M. JOHNSON**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **486-01-8208**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **24**
year **1944** hour **4** minute **35** A.M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Vica Johnson**
6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased: **August 29 1906**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Crown** to **19**;
that I last saw him alive on **19**;
and that death occurred on the date and hour stated above.

8. AGE: Years **37** Months **9** Days **25**
If less than one day hr. min.

Immediate cause of death **Shock**
Duration

9. Birthplace **Lee's Summit Missouri**
(City, town, or county) (State or foreign country)

Due to **Fracture of the neck**
Due to **Intracerebral Traumatism**

10. Usual occupation **Truck Driver**
11. Industry or business **Eureka Petroleum Company**

Other conditions (Include pregnancy within 3 months of death) **1702-8**
Major findings: **27**
Of operations

MOTHER FATHER
12. Name **Nathaniel Johnson**
13. Birthplace **Sheridan Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary C. Weese**
15. Birthplace **Genry Co. Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy **See above**

16. (a) Informant **Mrs. Vica Johnson**
(b) Address **1504 Vincil, Kansas City, Mo.**
17. (a) **Burial** (b) Date thereof **6-29-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide, (specify) **accident 123**
(b) Date of occurrence **6/23/44**
(c) Where did injury occur? **Carson Ct. Jackson, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation **Mound Grove**
18. (a) Signature of funeral director **George C. Carson**
(b) Address **Independence, Missouri**
19. (a) **6-29-44** (b) **T. E. Brown (1/3)**
(Date received local registrar) (Registrar's signature)

While at **Carson Ct.** (Specify type of place) Means of injury **Motorcycle**
23. Signature **George C. Carson** (M. D. or other) **3**
Address **Carson Ct. Mo.** Date signed **6/25/44**

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

George O. Carson

Licensed Embalmer-No. *2249*

P. O. Address *Indep. Miss*

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.