No. 2
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20695

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2711

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 Hospt. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1833 Washington 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ernest Johnson
3. (b) If veteran, name war dont know
3. (c) Social Security No. 311-05-5364
4. Sex M 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Hazel Johnson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April 6, 1895 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	2	21	hr. min.

9. Birthplace Slater, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business Alton Round House
FATHER
12. Name Monroe Johnson
13. Birthplace Slater, Mo. (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Hazel Johnson
(b) Address 1833 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Slater, Mo.
18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address K. C. Mo.
19. (a) 6-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour 2:30 minute A M.
21. I hereby certify that I attended the deceased from ..... 19 X, to ..... 19 ...;
that I last saw h... Deputy Coroner 19 ...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Fracture of Thoracic	
Due to vertebra	
Other conditions Injury By Fall (Include pregnancy within 3 months of death)	
Major findings: Of operations 186a-5	
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) Accident 123
(b) Date of occurrence June 24, 1944
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes (Specify type of place)
While at work (e) Means of injury Trauma
23. Signature A. E. Ussher (M. D. or other) M.D.
Address 23 McCoy Date signed 6/26/44

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1947

APR 26 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by [redacted], or by Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. H. Sigmund

Licensed Embalmer No. 2744

P. O. Address K.C. 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.