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5-17-39  
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30177

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 9 1944  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3891

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:  
Gen. Hosp. #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9-10-44-9-19-44  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 703 Independence  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME

FRED JOHNSON

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widower  
6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased May 1889  
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 9  
If less than one day  
hr. min.

9. Birthplace Waverley No.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER {  
12. Name John Johnson  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence  
15. Birthplace Sedalia, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 9/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Inn

18. (a) Signature of funeral director Thaddeus Bross  
(b) Address 1729 Lydia Avenue

19. (a) 9-27-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19  
year 1944 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 10  
1944 to Sept. 19 1944  
that I last saw him alive on Sept. 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tbc.  
Chronic

Due to 22b

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy Same as 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?

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

23. Signature T. E. Brown (M. D. or other)  
Address Gen. Hosp. #2 600 p. 22nd Date signed 9-22-44

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

*J. 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.**