

7. S. No. 2
DOM-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4124

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:
NORTHEAST RESTORUM - 3240 NORLEDGE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 MONTHS
(Specify whether
In this community 3 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County 999
(c) City or town OSAGE CITY 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME MR. GUST A. JOHNSON

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. F. D. C. JOHNSON 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DECEMBER 1 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 1/2 Days 10 12 If less than one day
hr. _____ min. _____

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

10. Usual occupation CARPENTER

11. Industry or business self

12. Name JOHANNAS JOHNSON

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. MAXWELL MOORE

(b) Address 318 NORTH ASKEW AVE

17. (a) REMOVAL (b) Date thereof OCT. 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSAGE CITY, KANSAS

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-13-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 13TH
year 1944 hour 3 minute 30 A. M.

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

Immediate cause of death Respiratory failure lobar
Due to Hypostatic Pneumonia

Other conditions Infection acute chronic
(Include pregnancy within 7 months of death)

Major findings:
Of operations 108
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) _____
(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)
(e) Means of injury _____

23. Signature Delen M. Henry (M. D. or other) do.
Address 116 West 42nd Date signed 10-12-44

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

42358

124 9 floor Tower Bldg
116 Wood 47th Street
10-12, 1-4

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 *E. Oscar Horky*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.