S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 4 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40186

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5158

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. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community lifetime 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. 2439 Holmes
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kenneth Johannsen
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex 0 male
5. Color or race white
6. (a) Single, widowed, married, divorced 0 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 28, (Day) 1942 (Year)

8. AGE: Years 2 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation child
11. Industry or business
FATHER
12. Name E. C. Johannsen
13. Birthplace (City, town, or county) Iowa (State or foreign country)
MOTHER
14. Maiden name Letha Jordan
15. Birthplace Harmadge (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant E. C. Johannsen
(b) Address 2439 Holmes
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director C. A. Theissen
(b) Address 2512 Holmes
19. (a) 12-19-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1944 hour 2 minute 45P M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria

Due to

Due to

Other conditions Enlarged Thymus (Include pregnancy within 3 months of death) Pneumonia

Major findings: Of operations

Of autopsy Yes

Duration

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) no
(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 0

23. Signature H. Owens (M. D. ~~or other~~)
Address 1434 Kialto Kans. C. Mo. Date signed 12/9/44

36

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.