V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8645

Registrar's No. 1266

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~~: K.C. GENERAL HOSPITAL No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 1/2 HOURS (Specify whether In this community 10 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2245 LAWN AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dallas L. Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. 495-03-1795

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband or~~ wife MRS. VELDA JOHNSON

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased DECEMBER 2 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	3	14	hr. min.

9. Birthplace SPRINGFIELD (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation DRIVER

11. Industry or business KISSICK TRANSFER

FATHER
12. Name HUGH JOHNSON
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name MARTHA SOLOMAN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. VELDA JOHNSON
(b) Address 2245 LAWN AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR-19-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ELMWOOD CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-19-45 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 16 year 1945 hour 11 30 minute a M.

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

	Duration
Immediate cause of death Crushed chest	
Due to (From a 6 ton printing press	
Due to	
Other conditions Compound Fracture Left wrist (Include pregnancy within 3 months of death)	

Major findings:
Of operations 186 16

Of autopsy No History + Inspection

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 1 3

(b) Date of occurrence 3-16-'45 9 30 am.

(c) Where did injury occur? 3017 Wyoming (City or town) K.C. Jackson (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)

While at work? yes (e) Means of injury 6 ton printing press

23. Signature James C. Waller (M. D. or other) Coroner

Address 1424 Profm Bldg Date signed 3-16-45

(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: J. S. Walton

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.