

**FILED** OCT 23 1945  
Registration District No. **149**

Primary Registration District No. **1002**

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

18  
3  
8

**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:  
**922 Highland**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **42 years** (Specify whether years, months or days)

In this community **42 years** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Ed Johnson**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Johnson**

6. (c) Age of husband or wife if alive **1875** years

7. Birth date of deceased **1875**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>70</b>			hr. min.

**9. Birthplace:** **Callaway County Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **Com. Laborer**

**11. Industry or business:**

**MOTHER FATHER**

12. Name **Unknown**

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

14. Maiden name **Emily**

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

**16. (a) Informant:** **Lena Allen**

(b) Address **2316 East 12th St.**

**17. (a) burial** (b) Date thereof **10/12/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

**18. (a) Signature of funeral director:** **Hatkins Bros.**

(b) Address **1729 Lydia**

**19. (a) 10-10-45** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. **922 Highland** **5**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct** - day **7**  
year **1945** hour **12:00** minute **M.**

**21. I hereby certify that I attended the deceased from** **19** **19**  
that I last saw **10/10/45** **19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive Heart Disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **93**  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy **no**

**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? \_\_\_\_\_

**23. Signature:** **Deputy** **10/10/45**  
(Specify type of place) (M. D. or other)

Address **2636 Brooklyn** Date signed \_\_\_\_\_

**Duration**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

10/10/45

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*J. J. Marlowe*

..... 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.**