

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40146**

FILED JAN 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **5182**

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 31 yrs

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. 2800 E. 10th St. K.C. Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Alexander P. Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1945 hour 7 minute 32 A.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 1858 years

7. Birth date of deceased: 3 / 1 / 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-3-45 19, to 12-16-45 19.

that I last saw him alive on 12-16-45 19, and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchopneumonia

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____

Due to Acute retention due to hypertrophied prostate

9. Birthplace Grayville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions Senility
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Johnson

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

14. Maiden name Wink

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

Major findings: _____

Of operations: _____

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs F. L. Johnson

(b) Address 719 Garing Ave

17. (a) Burial (b) Date of coffin 12-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

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? _____

18. (a) Signature of funeral director John P. Seely

(b) Address Rt 4, Mo

19. (a) 12-17-45 (b) Steadman Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Clark W. Seely (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed 12-17-45

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.....

John P. Shiel

Licensed Embalmer No. 3625

P. O. Address. 640

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.