

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 526

Registration District No. 149 Primary Registration District No. 1002

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether)
In this community 42 Years (years, months or days)

3. (a) PRINT FULL NAME Carl LaRoy 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 Married
6. (b) Name of husband or wife Avril V. Harrell Johnson
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased: September 12th 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 4 Days 17 If less than one day
hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Associate Owner

11. Industry or business Office Appliance Company

12. Name Andrew O. Johnson

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

14. Maiden name Anna Erickson

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

16. (a) Informant Mrs. Avril Johnson

(b) Address 6735 Waldron Avenue

17. (a) Burial (b) Date thereof 2 / 1 / 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. Street

19. (a) 2-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 6735 Waldron Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 1946 to June 29 1946
that I last saw him alive on Jan 29th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of stomach Duration 6 mo

Due to unknown

Due to _____

Other conditions: no
(Include pregnancy within 3 months of death)

Major findings: Cancer H. G. 15

Of operations: _____
Of autopsy: Cancer

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Witzlopp (Physician or other)
Address 4000 Balloune K.C. Mo Date signed 2/29/46

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

1057

Dr. Conrad
4000 Bldg

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Hannas City, 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.