

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
2056

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

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:
1705 KENSINGTON AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 YEARS
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. 1705 KENSINGTON AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. FRANK LESLIE JOHNSON
(b) If veteran, name war No
(c) Social Security No. 487-01-3022

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 4
year 1946 hour 5:45 minute a M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife MRS. BONNIE M. JOHNSON
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased AUGUST 28 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Gun shot wound of chest
Due to suicide

8. AGE: Years Months Days If less than one day
58 8 16 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 104c

9. Birthplace CENTRALIA KANSAS
(City, town, or county) (State or foreign country)
10. Usual occupation CARPENTER

Major findings:
Of operations _____
Of autopsy no history & investigation

MOTHER FATHER {
11. Industry or business _____
12. Name JAMES F. JOHNSON
13. Birthplace UNKNOWN NEW JERSEY
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH FRANKLIN
15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Bonnie M. Johnson
(b) Address 1705 Kensington
17. (a) BURIAL (b) Date of death MAY 6 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY
18. (a) Signature of funeral director D. H. Newsome's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 5-6-46 (b) Alfredine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 5-4-46
(c) Where did injury occur? K.C. full on no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home
While at work? no (Specify type of place) (e) Means of injury shot gun
23. Signature Alfredine Holmes (M.D. or other) Dr. Corbin
Address 1424 1/2 W. 11th Date signed 5-9-46

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 Elscar Hothey

Licensed Embalmer No. 1767

P. O. Address St. Louis City

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.