

FILED JUN 20 1946
Registration District No. 26

Primary Registration District No. 3026

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
820 South Delaware.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 820 South Delaware
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ross Moine Johnson.

3. (b) If veteran, name war No. 3. (c) Social Security No. 492-18-268

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada M. Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation Core Maker

11. Industry or business _____

MOTHER FATHER {
12. Name Andrew Jackson Johnson
13. Birthplace Pennsylvania
14. Maiden name Zella I. Moore
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ada M. Johnson
(b) Address 820 South Delaware.

17. (a) Burial (b) Date thereof June 6, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Sister L. T. Topley

(b) Address Independence Missouri

19. (a) June 6 - 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1946 hour one minute 30 M.

21. I hereby certify that I attended the deceased from August 1943 to June 9, 1946
(that I last saw him alive on June 9 and that death occurred on the date and hour stated above.)

Immediate cause of death Coronary Occlusion

Due to Coronary Arteriosclerosis 2 yrs

Due to _____

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

Major findings:
Of operations _____
Of autopsy gvt

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? _____

While at work? _____ (Specify type of place) (2) Means of injury 2

23. Signature Paul J. Sumner (M. D. or other) MD
Address Independence Date signed 6-7-46

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

1950

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 *Dixon L. Repley*.....
Licensed Embalmer No. *4925*.....
P. O. Address. *Indep. 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.