

S. No. 2
M-5-43
5-17-39
I X36671

FILED JUL 31 1946
Registration District No. **1002**

Primary Registration District No. **1002**

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

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)

In this community **23 years**
(Specify whether years, months or days)

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

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **487-05-7349**

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

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

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

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **June - 27 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	0	16	hr. min.

9. Birthplace **Sparta Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Gauger for Great Lakes**

11. Industry or business **Pipe Line**

12. Name **John Talley Johnson**

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

14. Maiden name **Jennie Griffith**

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

16. (a) Informant **Mrs. Orpha Johnson**

(b) Address **3018 Colorado Avenue**

17. (a) **Burial** (b) Date thereof **July 15 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park CEMETERY**

18. (a) Signature of funeral director **R.W. Newcomer**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-15-46** (b) **Margalene 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** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3018 Colorado** **8**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **8**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13**
year **1946** hour **5** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **July 5** 19 **46** to **July 13** 19 **46**
that I last saw him alive on **July 13** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia; exfoliative dermatitis (etiology unknown)**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: **107**
Of operations _____

Of autopsy **See above**

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)
(e) Means of injury _____

23. Signature **Wm W. Hart** (M. D. or other) **7-13-46**
Address **Med. Dir. Gen'l Hosp.** Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SEP 9 1952

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

Emile M. Calhoun

Licensed Embalmer No.

3506

P. O. Address

K. Q. 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.