

S. No. 2  
M-5-43  
5-17-39  
I X36571

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

23670

FILED JUL 31 1946

State File No. \_\_\_\_\_

3131

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hosp. # 20  
(d) Length of stay: In hospital or institution 13 hours  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1528 Euclid  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ROOSEVELT JOHNSON  
(b) If veteran, name war No  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 16  
year 1946 hour 8 minute 50 A. M.  
21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw him alive on Deputy Coroner  
and that death occurred on the date and hour stated above.

4. Sex Male 2  
5. Color of race Negro  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 3 16 1903  
(Month) (Day) (Year)

Immediate cause of death Shock -  
Due to Blow in stomach  
Due to Struck in stomach by a Brick -

8. AGE: Years 43 Months 4 Days 0  
If less than one day hr. min.

Other conditions: Pentonitis 167  
Major findings: Of operations  
Of autopsy: No Post

9. Birthplace Montville, Missouri  
10. Usual occupation Common Laborer  
11. Industry or business Common Laborer

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence July 14 46  
(c) Where did injury occur? K.C. Jackson, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 1528 - Euclid

MOTHER FATHER { 12. Name Wesley Johnson  
13. Birthplace Missouri  
14. Maiden name Lola Bitt  
15. Birthplace Missouri

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

16. (a) Informant W. Johnson  
(b) Address DuPontville, Missouri  
17. (a) Removal (b) Date thereof 7 20 1946  
(c) Place: burial or cremation Abertville, Missouri  
18. (a) Signature of funeral director H. B. Patton  
(b) Address DuPontville, Mo.  
19. (a) 7-18-46 (b) Geraldine Holmes

23. Signature H. B. Patton (M. D. or other)  
Address 6136 Brooklyn Date signed 7-18-46

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

23670

**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 *B. L. Graham*.....

Licensed Embalmer No. *2540*.....

P. O. Address *2304 W. Ave*.....

**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.**