DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23935

Registration District No. 160 Primary Registration District No. 5572 Registrar's No. 91

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Ca Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Home for Negroes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State J. Johnson (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME J. J. Johnson
3. (b) If veteran, name war JOHN
3. (c) Social Security No.
4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

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

9. Birthplace Dont. IT NOW (City, town, or county) (State or foreign country)
10. Usual occupation LABOR.
11. Industry or business
FATHER 12. Name Dont. Know
13. Birthplace Dont. Know (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dont. Know
15. Birthplace Dont. Know (City, town, or county) (State or foreign country)
16. (a) Informant Jackson County Home
(b) Address R. F. D. #4 Independence Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas University LAWRENCE Kansas.
18. (a) Signature of funeral director Brady-Brown
(b) Address 1708 Pacy
19. (a) 6/6/46 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 30, 1946, to June 1, 1946, that I last saw him alive on May 31, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency 6 Ok
Due to No follow
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 S. T. Griffin (M.D.)
Address R. F. D. #4 Independence Mo. Date signed 6/7/46

133 (Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1271

P. O. Address Kansas 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.**