

S. No. 2
DM-5-43
v. 5-17-39
I X36671

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

State File No. 27187

FILED SEP 14 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3725

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution General Hospital No. 2
(d) Length of stay: In hospital or institution 12 days
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1004 East 17th Street
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CHARLES D. JOHNSON
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 26
year 1946 hour 6 minute 55 a. M.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive
7. Birth date of deceased September 20, 1866

21. I hereby certify that I attended the deceased from August 14, 1946 to August 26, 1946
that I last saw him alive on August 26, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 11 Days 6

Immediate cause of death Diabetic Acidosis
Due to Diabetes Mellitus

9. Birthplace Georgia
10. Usual occupation Laborer

Other conditions
Major findings: Of operations
Of autopsy

11. Industry or business City Market
12. Name Henry Johnson
13. Birthplace Georgia
14. Maiden name Matilda
15. Birthplace Georgia

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Hattie Jackson
(b) Address 1724 Harrison (rear)
17. (a) Place: burial or cremation 5100 Rouchel
18. (a) Signature of funeral director H.B. Moore
(b) Address 1820 E 15th
19. (a) Date received local registrar 9-3-46
(b) Registrar's signature Thelma Holmes

23. Signature [Signature] (M. D. or other) M.D.
Address 600 East 22nd St. Date signed 8/26/46

(Licensed Embalmer's Statement on Reverse Side)

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

26028

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. 2410

P. O. Address 1820 E 18 st

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.