

FILED AUG 19 1946

Registration District No. **197**

Primary Registration District No. **1002**

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: **Lakeside Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME **Doris Jean Johnson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **white** 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 **Aug. 29 1938**
(Month) (Day) (Year)

8. AGE: Years **7** Months **11** Days **34 1/2** If less than one day hr. _____ min.

9. Birthplace **Lawrence Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business **student**

12. Name **Rubin R Johnson**

13. Birthplace **Carrollton Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel M Robinson**

15. Birthplace **Kansas City Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rubin R Johnson**

(b) Address **3098 No 37th K.C.**

17. (a) **burial** (b) Date thereof **8-3-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park K.C.**

18. (a) Signature of funeral director **Walter Brant**

(b) Address **1476 N. Main St. Kansas City Mo**

19. (a) **8-2-46** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyamotte 999**
(c) City or town **Kansas City 14**
(If outside city or town limits, write "RURAL")
(d) Street No. **3098 No 37th St. 0**
(If rural, give location) **2**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **1**
year **1946** hour **2** minute **30 PM.** M.

21. I hereby certify that I attended the deceased from **July 31**
_____, 1946, to **Aug 1**, 1946,
that I last saw her alive on **Aug 1**, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death **Accidental Burns**
from gasoline explosion
2° Burns - 56% of Body surface

Due to **Secondary shock**

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

Major findings: Of operations **181**
Of autopsy **15**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident 136**
(b) Date of occurrence **Aug July 31, 1946**
(c) Where did injury occur? **Near Wyamotte, Kans.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

While at work? **no** (Specify type of place) (e) Means of injury **gasoline 2**

23. Signature **D. C. Miller, Jr.** (M. D. or other) **DC**
Address **215 1/2 E. 12th St. Kansas City Mo** Date signed **8/2/46**

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

MOTHER FATHER

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

Walter Brant

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.....

L. J. Petrlik

Licensed Embalmer No.....

2073

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, above space should be left blank.