

S. No. 2
M-5-43
7-5-17-39
P I X36671

FILED AUG 27 1946

Registration District No. 177 Primary Registration District No. 1002

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

26033

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 1 day 7 1/2 hrs.
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3009 Harrison
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Lester Johnson

3. (b) If veteran, name war NO

3. (c) Social Security No. 505-14-9933

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 17, 1901
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1946 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from August 14 1946 to August 15 1946
that I last saw him alive on August 15 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>5</u>	<u>28</u>	hr. <u>1</u> min.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 138

9. Birthplace Stanton, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Clerk

11. Industry or business Hotel Bray

12. Name Fred Johnson

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Almedia Swenson

15. Birthplace Andover, Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy See above

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Augusta Johnson

(b) Address 3009 Harrison

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 8/18/46
(Month) (Day) (Year)

(c) Place: burial or cremation Stanton, Iowa

18. (a) Signature of funeral director Zwick - Robinson

(b) Address 20 W. Linwood

19. (a) 8-17-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

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) MD

Address Med. Dir. Gen'l Hosp. Date signed 8-16-46

D. Knack

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 *Howard W. Farmer*.....

Licensed Embalmer No. *4134*.....

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.