. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27196

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3350

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: 3204 E. 52nd STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 43 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3204 E. 52nd STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country ------

3. (a) PRINT FULL NAME MR EDWARD FRANCIS JOHNSTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-30-2412

4. Sex MALE

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 MAY (Month) 1 (Day) 1903 (Year)

8. AGE: Years 43 Months 3 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SHIPPING CLERK

11. Industry or business RETIRED 8 YEARS

FATHER
12. Name JAMES D JOHNSTON
13. Birthplace AURORA INDIANA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CHRISTINA DILS
15. Birthplace AURORA INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. NINA SEEHORN

(b) Address 3204 EAST 52ND STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-5-1946 (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 2nd year 1946 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from 4/15, 1946, to Aug 2, 1946 that I last saw him alive on June 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	Don't know
Due to: Epilepsy	Don't know
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 9 3rd	
Of autopsy:	

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

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 0

23. Signature J E Ball (M. D. or other)

Address 1102 E 47th Date signed 8/2/46

(Licensed Embalmer's Statement on Reverse Side)

Grandet Centre Bldg.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C., 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.