

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33617

Registration District No. 149

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4540

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:
Home, 205 East 31st St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 205 East 31st St. 8
(If rural, give location) (1)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Leonard Johnson
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month Oct day 27
year 1946 hour 4 minute P. M.

4. Sex Male 0 5. Color or race White
6. (a) ~~Married~~ Widowed

21. I hereby certify that I attended the deceased from May 25, 1946 to Oct 27, 1946
that I last saw him alive on Oct 27, 1946
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Emilia Johnson
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 26, 1953
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage ?
Duration _____

8. **AGE:** Years 93 Months 0 Days 1
If less than one day _____ hr. _____ min.

Due to Arteriosclerosis ?
Generalized

9. Birthplace Unknown Sweden 4
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Railroad Yard Man

11. Industry or business _____

Major findings:
Of operations §36
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence J. Swenson 1
(b) Address 205 East 31st St.

17. (a) Funeral (b) Date thereof 10-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alta Vista, Kansas

18. (a) Signature of funeral director W. J. Sullivan
(b) Address Kansas City, Kansas

19. (a) 10-29-46 (b) St. Maline Holmes
(Date received local registrar) (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? 0

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Louise E. Hodges (M. D. or other) M.D.
Address 227 Plaza Med Bldg Date signed Oct 28, 46

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

MAR 3 1947

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 Pa. J. Hutton
Licensed Embalmer No. 3502
P. O. Address Ke/Vassar

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.