

No. 2
2-45
7-39
X47070

FILED NOV 3 1948

Registration District No. 149

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:
2447 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Johnson

3. (b) If veteran, name war World War I 3. (c) Social Security No. 496-09-1620

4. Sex Male 5. Color or race Negro 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 March 13, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 7 4 hr. _____ min. 7

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

10. Usual occupation Pension

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Mettie Mack

(b) Address 2447 Chestnut

17. (a) Burial (b) Date thereof 10/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

19. (a) 10-21-46 (b) Beraldie Palmer
(Date received local registrar) (Registrar's signature)

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") 8
(d) Street No. 2447 Chestnut (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 17th
October 1946 to October 17, 1946
that I last saw him alive on October 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure Duration _____

Due to Hypertensive Heart Disease

Due to "

Other conditions None
(Include pregnancy within 5 months of death)

Major findings: None 93
Of operations _____

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? 0

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

23. Signature George H. West (M. D. or other) M. D.
Address 223 E. 15th St. Date signed 10/21/46

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

MOTHER FATHER

18th & Broadway

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 *J. Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.