No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33620

Registration District No. 187 Primary Registration District No. 1002 Registrar's No. 4519

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~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 DAYS (Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town 2910 E 29TH STREET 3
(If outside city or town limits, write "RURAL")

(d) Street No. KANSAS CITY 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HORACE A. JOHNSTON

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. RUBY JOHNSTON

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

7. Birth date of deceased SEPT. (Month) 17 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	1	10	hr. min.

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

10. Usual occupation DEPUTY SHERRIFF

11. Industry or business BAILIFF JUDGE SOUTHERN COURTS

FATHER
12. Name ROBERT A. JOHNSTON
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name LUSETTA J. SWENGEL
15. Birthplace (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant MRS. RUBY JOHNSTON
(b) Address 2910 E. 29TH.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. (Month) 29 (Day) 1946 (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEM

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 27TH year 1946 hour minute 6.50 a M.

21. I hereby certify that I attended the deceased from June 13, 1946, to Oct 27, 1946 that I last saw him alive on Oct 26, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral sclerosis	yrs
and thrombosis	3 day
Due to arteriosclerosis	yrs
Due to Diabetes	yrs
Other conditions (Include pregnancy within 3 months of death): Hypertension	yrs.

Major findings:
Of operations
Of autopsy 61

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 [illegible] (M. D. ~~or other~~)
Address 820 prof Bldg Date signed 10/28/46

(Licensed Embalmer's Statement on Reverse Side)

10:30-11:30; 2-4

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 Bernard L Foran

Licensed Embalmer No. 4250

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.