

FILED APR 5 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1432

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

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: 3040 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 37 years
years, months or days

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. 3040 Wabash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. No

3. (a) PRINT FULL NAME Charles E. Johnson

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 Widower

6. (b) Name of husband or wife Unknown (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 13 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 12 hr. _____ min.

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

10. Usual occupation Retired Baker

11. Industry or business Bakery

MOTHER FATHER

12. Name Unknown

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 Mrs. Ida Smith

(b) Address 3040 Wabash K. C. Mo

17. (a) Burial (b) Date thereof Mar 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 3-27-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1947 hour 12¹⁰ minute 0 M.

21. I hereby certify that I attended the deceased from born 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Insufficiency
Due to arterio sclerosis

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

Major findings: 95C
Of operations _____

Of autopsy no
History & Inspection

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 3

23. Signature Geraldine Holmes (M. D. or other) born

Address 1424 W. 11th Date signed 3-26-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address H.C. 240

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.