

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:  
2550 Tracy  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community About 30 years  
years, months or days)

**3. (a) PRINT FULL NAME** Dolan Johnson  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 495-05-6257

4. Sex Male 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ozella Johnson  
 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased December - 20 - 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>14</u>	.....hr. ....min.

9. Birthplace Little Rock Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Packer

11. Industry or business Lowe Campbell Co.

**MOTHER FATHER**  
 12. Name Jake Johnson 9  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fannie Couch  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ozella Johnson  
 (b) Address 2550 Tracy

17. (a) Burial (b) Date thereof 3/8/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stirling Bille  
 (b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 3-8-47 (b) Steraldine Holman  
(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")  
 (d) Street No. 2550 Tracy 8  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 4  
 year 1947 hour 12:30 minute PM M.  
 21. I hereby certify that I attended the deceased from Jan 28  
1947 to March 3 1947  
 that I last saw him alive on March 3 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 950  
(Include pregnancy within 3 months of death)

Major findings:  
 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 2

23. Signature [Signature] (M.D. or other) DO  
 Address [Address] Date signed 3-9-47

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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.....

*E. Sterling Bills*

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas City.....

**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.**