

No. 2
12-45
5-17-39
K47070

FILED APR 14 1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
Pennach Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether)

In this community 18 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Ellsworth

(c) City or town Holywood
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE JOSEPH JOHNSON

3. (b) If veteran, name World War I

3. (c) Social Security No. 511-07-2407

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from March 14, 1947, to April 1, 1947; that I last saw him alive on March 31, 1947; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife Florence Johnson

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased JAN. 12, 1890
(Month) (Day) (Year)

Immediate cause of death: Brain tumor, unossified

Duration 3 mo

8. AGE: Years 57 Months 2 Days 19
If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions: 57 yr old
(Include pregnancy within 3 months of death)

9. Birthplace: WORTHINGTON MINN.
(City, town, or county) (State or foreign country)

10. Usual occupation farm boss for Dairy Oil

11. Industry or business oil production

12. Name George Johnson

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

14. Maiden name Euna Armstrong

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

16. (a) Informant A. Walker

(b) Address New Kirk Okla

17. (a) Removal (b) Date thereof: 4-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Kirk, Okla

18. (a) Signature of funeral director Mrs. E. L. Foster

(b) Address N.E. no.

19. (a) 4-1-47 (b) Sheldene Holmes
(Date received local registrar) (Registrar's signature)

Major findings: Biopsy degenerated brain tissue peripheral of tumor - no tumor obtained

Of autops: none

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)

(e) Means of injury _____

23. Signature Jack Leachman (M. D. or other) MA

Address 1630 Professional Bldg Date signed 4-1-47

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

MOTHER FATHER

Prof. Deley
Nov 1943

Wagon, Kansas

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.....

Jerry A. Minor
working under my personal supervision.

Registered Apprentice No. *437*

Signed *Corliss Minor*

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*
K. C.

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.