No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12657 12757

FILED MAY 7 1948

Registration District No. 179 Primary Registration District No. 1002 Registrar's No. 1768

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WRITE PLAINLY—USING 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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 1 week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 Euclid Ave 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 8
If yes, name country

3. (a) PRINT FULL NAME Charles Richard Johnson
3. (b) If veteran, name war World War II
3. (c) Social Security No. 515-10-2127
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zobelle Johnson
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June (Month) 3, (Day) 1922 (Year)

8. AGE: Years 25 — Months 10 — Days 16 — If less than one day hr. min.

9. Birthplace Black Water, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business odd jobs.
12. Name Robert Johnson
13. Birthplace Black Water, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Florence Stapleton
15. Birthplace Black Water, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Helen Wells
(b) Address 1718 Euclid Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Osawatomie, Ks.
18. (a) Signature of funeral director Lee Davis
(b) Address 1513 Troost Ave
19. (a) 4-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 ; that I last saw by alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shock - Internal Injuries

Due to Compound Fracture Right Leg

Due to Lacerated Throat

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 1648
Of autopsy No - Permit

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Attempt, Suicide
(b) Date of occurrence 4-15-48 12
(c) Where did injury occur? K.C. Jackson Mo. 3 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In St. 2024 - Prospect. (Specify type of place)
While at work? No (e) Means of injury Auto Trauma

23. Signature H. Williams (M. D. or other) D.C.
Address 2636 - Brooklyn Date signed 4-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAY 8

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 L. E. Dunn

Licensed Embalmer No. 4417

P. O. Address K. C. Mo.

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.