

Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 2652

**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 1331 Tracy Ave. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 YRS.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Solomon Johnson

3. (b) If veteran, name war No. 3. (c) Social Security No. No. Ne

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Eliza beta Johnson 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased July 25 1870  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 24 If less than one day hr. \_\_\_\_ min. \_\_\_\_

9. Birthplace Hazel Green, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name ISAAC JOHNSON

13. Birthplace NOT KNOWN Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name NOT KNOWN

15. Birthplace NOT KNOWN Virg.  
(City, town, or county) (State or foreign country)

16. (a) Informant Corey Lee Johnson

(b) Address 1414 Highland

17. (a) BURIAL (b) Date thereof 6/25/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Corey Lee

(b) Address 1513 Frost Ave.

19. (a) 6-25-48 (b) Edna Holmer  
(Date received local registrar) (Registrar's signature)

**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. 1331 TRACY AVE  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6 day 19 year 1948 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Deputy to Case 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Hypertensive Heart Disease

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

Other conditions (include pregnancy within 3 months of death) 93rd

Major findings: Of operations \_\_\_\_\_

Of autopsy No Permit

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 \_\_\_\_\_

23. Signature Thurman D. H. (M. D. or other) \_\_\_\_\_  
 Address 2636 Brooklyn Date signed \_\_\_\_\_

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

MOTHER, FATHER

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

6-25-48

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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 *C. E. Davis*

Licensed Embalmer No. 4417

P. O. Address N. C., MD

**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.**