

FILED JUL 19 1948

2836

Registration District No. 199

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:  
Lakeside Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days (Specify whether  
 In this community 47 yrs. years, months or days)

3. (a) PRINT FULL NAME Perry Newton Johnson3. (b) If veteran, name war No 3. (c) Social Security No. 486-07-52084. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased October 17 1881  
(Month) (Day) (Year)8. AGE: Years 66 Months 8 Days 22 If less than one day hr. min.9. Birthplace Warsaw Kans  
(City, town, or county) (State or foreign country)10. Usual occupation Operator11. Industry or business K.C. Public Service12. Name Richard Johnson13. Birthplace Ky.  
(City, town, or county) (State or foreign country)14. Maiden name Martha Hercules15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Grace Johnson(b) Address 111 S. Wheeling17. (a) Burial (b) Date thereof 7-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Moriah18. (a) Signature of funeral director C.H. Blackman & Son Inc.(b) Address Kansas City, Mo.19. (a) 7-9-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 111 S. Wheeling  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1948 hour minute M.21. I hereby certify that I attended the deceased from 7  
1 1948 to 7-8 1948  
that I last saw him alive on 7-8 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial decompensation  
 Due to Portal Cirrhosis  
 Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations 124K  
 Of autopsy

## 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) (c) Means of injury 2  
 23. Signature M. H. Whitton  
 Address Independence Mo  
 Date signed 7/9/48

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 *J. D. Blackman*.....

Licensed Embalmer No. *3635*.....

P. O. Address. *KE 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.