

No. 300
1-10-47
5-17-39
PI 3906

FILED SEP 1 1948
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3441

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:
4120 Cypress, Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 33 years (Specify whether years, months or days)

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. 4120 Cypress 8
(If rural, give location) 0

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

If yes, name country

3: (a) PRINT FULL NAME Richard Lee JOHNSON

3. (b) If veteran No name war

3. (c) Social Security No. 486-07-4584

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21 th
year 1948 hour 10 minute 05P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 21th, 1901
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Injury of Head -

8. AGE: Years Months Days If less than one day

47 5 0 hr. min.

Duration

Due to _____

Due to _____

Other conditions (include present within 3 months of death)

Major findings: Reputy coroner

Of operations _____

Of autopsy History & 104c

9. Birthplace Freeman Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business City Ice Co.

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Richard A. Johnson

13. Birthplace Carlile Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Bothman

15. Birthplace Carlile Ky. 1
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) suicide

(b) Date of occurrence 8/21/48

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?

16. (a) Informant Mrs. Velma Johnson

(b) Address 4120 Cypress, K.C. Mo.

17. (a) Burial (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody-McGillie-Eylar

(b) Address Kansas City, Mo.

19. (a) 8-23-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) _____

Means of injury Gunshot

Signature A. E. Nasher (M. D. Mo. 0)

Address 28001 main Date 8/23/48

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

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.