

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40201**
Registrar's No. **5096**

LED DEC 29 1948/49
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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 # 2U
(If not in hospital or institution, write street number or location) **5 mins**

(d) Length of stay: In hospital or institution **3 mos., 5 das., 17 hrs & 5 mins**
(Specify whether years, months or days)

In this community **40 years**
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **LAWRENCE JOHNSON**

3: (b) If veteran, name war **DO**

3: (c) Social Security No. **490-16-6568**

4. Sex **MALE** 7

5. Color of race **NEGRO**

6: (a) Single, widowed, married, divorced **SINGLE**

6: (b) Name of husband or wife

6: (c) Age of husband or wife if alive **28** years

7. Birth date of deceased **NOVEMBER 30th 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **11** Days **28** If less than one day hr. min.

9. Birthplace **BOWLING GREEN, MISSOURI** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **DAY LABORER**

11. Industry or business

MOTHER FATHER { 12. Name **HENRY JOHNSON**

13. Birthplace **KENTUCKY** 1
(City, town, or county) (State or foreign country)

14. Maiden name **MAGGIE HOUSE**

15. Birthplace **MISSOURI** 1
(City, town, or county) (State or foreign country)

16: (a) Informant **Friend: Josephine Hopkins**

(b) Address **1705 East 12th Street**

17: (a) **Burial** (b) Date thereof **12/15/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hickman Cem.**

18: (a) Signature of funeral director **E. Frank Ellis**

(b) Address **1212 W. 12th St. Kansas City, Mo.**

19: (a) **12-15-48** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** 48

(c) City or town **KANSAS CITY** 5
(If outside city or town limits, write "RURAL")

(d) Street No. **1705 East 12th Street**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER**, day **28th**
year **1948** hour **8:30** minute **A** M.

21. I hereby certify that I attended the deceased from **AUGUST 22nd** 19 **48** to **NOVEMBER 28** 19 **48**
that I last saw him alive on **NOVEMBER 28th** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **CA OF THE LUNGS WITH METASTASIS (TYPE UNDETERMINED)** Duration

X-RAY EVIDENCE ONLY

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **472**

Of autopsy

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?

While at work (Specify type of place) (e) Means of injury **E. Frank Ellis**

23. Signature **E. Frank Ellis** M.D. or other

Address **600 East 22nd Street** Date signed **11/29/48**

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 *E. Sterling Bells*
Licensed Embalmer No. *3178*
P. O. Address *1212 Pine St. N.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.