

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 16 1949 **STANDARD CERTIFICATE OF DEATH**

State File No. **12484****1308**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 46 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 Campbell				d. STREET ADDRESS (If rural, give location) 718 Campbell			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) A		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Mar. 19, 1949	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.		8. DATE OF BIRTH Mar. 24-1902	
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transfer Truck		10b. KIND OF BUSINESS OR INDUSTRY K.C. Transfer		11. BIRTHPLACE (State or foreign country) K.C. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Arthur Johnson		13b. MOTHER'S MAIDEN NAME Martha Hill		14. NAME OF HUSBAND OR WIFE Gertrude Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 487-65-7692		17. INFORMANT'S SIGNATURE (OR NAME) Gertrude Johnson		ADDRESS 718 Campbell	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Coronary Occlusion					
		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Deputy coroner				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE A.E. Upsher				23b. ADDRESS 2800 Main		23c. DATE SIGNED 3/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 24, 1949		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 3-22-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. Funeral Home K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

48
3
8
1

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *C. Kenneth Kerford*

Licensed Embalmer No. *4437*

P. O. Address.....

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.
