

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23466
3198

BIRTH NO. 49354-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. LENGTH OF STAY (in this place) <i>2 hrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lakeside Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>1426 Charlotte St</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Roy</i> b. (Middle) <i>Kenneth</i> c. (Last) <i>Johnson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7-23-49</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>7-23-49</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS. Hours _____ Min. <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>L</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>L</i>	11. BIRTHPLACE (State or foreign country) <i>mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>

13a. FATHER'S NAME <i>Vernon D. Johnson</i>	13b. MOTHER'S MAIDEN NAME <i>Betty Ruth Simpson</i>	14. NAME OF HUSBAND OR WIFE <i>L</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>L</i>	16. SOCIAL SECURITY NO. <i>L</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Vernon D. Johnson 1426 Charlotte</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Premature Birth</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute hepatitis of mother 2 days</i>		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.	II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>7699</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ m.	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 *7/23, 1949* to *7/23, 1949*, that I last saw the deceased alive on *7/23, 1949* and that death occurred at *10:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Chas G. Stephens</i>	23b. ADDRESS <i>3. E. 39th St. K.C. MO</i>	23c. DATE SIGNED <i>7/23/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>7-25-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Kansas City mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>I. S. Walton</i>	ADDRESS <i>R. C. mo</i>
DATE REC'D BY LOCAL REG. <i>7-24-49</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	

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 nat

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. S. Walton

Licensed Embalmer No. 2744

P. O. Address R. C. 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.