

FILED OCT 28 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33566**
Registrar's No. **4291**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 56 yrs		d. STREET ADDRESS (If rural, give location) 1619 East 22nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED (Type or Print) WALTER JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 6 1950		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 8 1894		9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME HENRY JOHNSON		13b. MOTHER'S MAIDEN NAME ALICE HAYDEN		14. NAME OF HUSBAND OR WIFE LENA BELL JOHNSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME LENA BELL JOHNSON ADDRESS 1619 East 22nd Street	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERFORATE PEPTIC ULCER (BLEEDING)		ANTECEDENT CAUSES		54 01	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) UNDETERMINED		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		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)		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 **10-2-**, 1950, to **10-6-**, 1950, that I last saw the deceased alive on **10-6-**, 1950 and that death occurred at **9:20P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis MD (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 10-7-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) K. C. Kans.	
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DATE REC'D BY LOCAL REG. 10-10-50		REGISTRAR'S SIGNATURE Therese Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Alfred Bailey ADDRESS Kansas City, Mo.	
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WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Fannie R. Meek

Licensed Embalmer No. 3818

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.