

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20207
State File No. 2760

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>37 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>750 West 47th. Street</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Trinity Luthern Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Selmar</i> b. (Middle) <i>Alfred</i> c. (Last) <i>Johnson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 26, 1951</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 24, 1892</i>	9. AGE (In years last birthday) <i>59</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Vice Pres.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Transport truck</i>		11. BIRTHPLACE (State or foreign country) <i>Melvin, Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>George M. Johnson</i>		13b. MOTHER'S MAIDEN NAME* <i>Ellen Johnson</i>		14. NAME OF HUSBAND OR WIFE <i>Charlotte Johnson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>494-14-0872</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Family records</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>		<i>1 1/2 yrs</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary emphysema</i> DUE TO (c) <i>Enlarged gray Spleen</i> <i>Cholelithiasis</i>		<i>2 wks</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>6 wks</i> <i>151X</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Minute)	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 *21 May 1951* to *26 June 1951*, that I last saw the deceased alive on *26 June 1951*, and that death occurred at *13:00 pm*, from the causes and on the date stated above.

23. SIGNATURE <i>Edw. H. Fischer MD</i>	23b. ADDRESS <i>2025 Swift No K. C. Mo</i>	23c. DATE SIGNED <i>6-29-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 28, 51</i>	24c. NAME OF CEMETERY OR CREMATORY. <i>Memorial Park Cem.</i>
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>		

DATE REC'D BY LOCAL REG. <i>6-29-51</i>	REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>R. A. Fulton</i>	ADDRESS <i>K. C. K.</i>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed R. A. Fulton.....

Licensed Embalmer No. 3503.....

P. O. Address H C K.....

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.