

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23103**
Registrar's No. **3083**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3083</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		2112 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2427 Harrison</u>				d. STREET ADDRESS (If rural, give location) <u>2427 Harrison</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jess</u>			b. (Middle)		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 9, 1898</u>		9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min. <u>53</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hall Bros.</u>		11. BIRTHPLACE (State or foreign country) <u>Clarksburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Harry Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Roberts</u>			14. NAME OF HUSBAND OR WIFE <u>Eleanor Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes World War I</u>			16. SOCIAL SECURITY NO. <u>487-10-837</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Johnson</u>			ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Esophagus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.						<u>150X</u>	
19a. DATE OF OPERATION <u>2/9/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Esophagus</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s., 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 <u>1/15</u> , 19 <u>51</u> , to <u>7/18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>51</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. C. Lewis M.D.</u> (Degree or title)				23b. ADDRESS <u>210 Lincoln Bldg</u>			23c. DATE SIGNED <u>7/19/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-20-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Adriano Bros Funeral Home</u>		ADDRESS <u>160 W. 11th</u>		

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

Herbert Geyford

Signed.....
Student Embalmer

Licensed Embalmer No. *4437*

P. O. Address *2600 E. 1st St*

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.