

FILED AUG 17 1953

0191

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 117

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Harrisonville</u> | c. LENGTH OF STAY (in this place)<br><u>23 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Harrisonville</u> <u>091</u>                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>400 E Washington St</u>                                |  | d. STREET ADDRESS (If rural, give location)<br><u>400 E Washington St</u>  |  |

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) \_\_\_\_\_ c. (Last) JOHNSON 4. DATE OF DEATH (Month) (Day) (Year)  
Aug 4 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH June 22 - 1895 9. AGE (In years last birthday) 58 UNDER 1 YEAR Months Days Hours Mins.

10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) Labour 10b. KIND OF BUSINESS OR INDUSTRY McPac. R. U. & C. Eagle Grove Iowa 11. BIRTHPLACE (City and State or Foreign Country) Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Johnson 13b. MOTHER'S MAIDEN NAME Elizabeth Goy 14. NAME OF HUSBAND OR WIFE Viola Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give type of duty or service) yes 1st World War 16. SOCIAL SECURITY NO. 496-05-5434 17. INFORMANT'S SIGNATURE OR NAME Robert V. Johnson ADDRESS Harrisonville Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
CARCINOMA RT. LUNG  
\*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CARCINOMA RT. LUNG  
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.

19a. DATE OF OPERATION MAY 1953 19b. MAJOR FINDINGS OF OPERATION CARCINOMA TOSIS 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR ✓

22. I hereby certify that I attended the deceased from APR 1953, to 4 Aug 1953; that I last saw the deceased alive on Aug 4, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Type or Print) [Signature] 23b. ADDRESS Harrisonville Mo 23c. DATE SIGNED 6 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 1953 24c. NAME OF CEMETERY OR CREMATORY Orient Cemetery 24d. LOCATION (City, town, or county) (State) Harrisonville Mo

DATE REC'D BY LOCAL REG. Aug 9, 1953 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Harrisonville Mo

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

RECEIVED  
AUG 15  
CASS COUNTY  
HEALTH DEPARTMENT

AUG 15 1954

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 James R. Phillips  
Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.