

FILED DEC 27 1954

STANDARD CERTIFICATE OF DEATH

State File No. **41019**
Registrar's No. **5556**

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) Kansas City, Mo.		c. CITY OR TOWN Kansas City, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 70 yrs.		e. STREET ADDRESS (If rural, give location) 814 West 14th.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.			

3. NAME OF DECEASED a. (First) William b. (Middle) L. c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 12 2 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July, 24, 1868		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam fitter		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (City and State or Foreign Country) Wisconsin.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME John Johnson		13b. MOTHER'S MAIDEN NAME Williamena Davidson		14. NAME OF HUSBAND OR WIFE Ethel Johnson (wife)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. 514-03-0717		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Johnson (wife) 814 W. 14th, K.C. Mo.	

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) Ruptured duodenal ulcer			INTERVAL BETWEEN ONSET AND DEATH 60 days
		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. chr. myocarditis - age 54 1/2			
19a. DATE OF OPERATION 26 Nov 54		19b. MAJOR FINDINGS OF OPERATION Ruptured duodenal ulcer			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1947, to 2 Dec, 1954, that I last saw the deceased alive on 2 Apr, 1954, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE William W. [Signature] (Degree or title) MD		23b. ADDRESS 1103 Grand KCMo		23c. DATE SIGNED 3 Dec 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-4-1954		24c. NAME OF CEMETERY OR CREMATORY Edwardsville, Cemetery	
				24d. LOCATION (City, town, or county) (State) Wyandotte County, Kansas.	
DATE REC'D BY LOCAL REG. 12-3-54			REGISTRAR'S SIGNATURE Merna Marshall		
			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warnick-Custer Funeral Home K.C. Kansas.		

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.....
Signature of Student Embalmer

Signed *M. M. Sewick*

Licensed Embalmer No. *350*

P. O. Address *No. 1000*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.