

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4878

State File No. _____
Registrar's No. 475BIRTH 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. LENGTH OF STAY (in this place) 39 yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4310 Woodland			e. STREET ADDRESS (If rural, give location) 4310 Woodland			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) P. c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1956			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clothes Presser		10b. KIND OF BUSINESS OR INDUSTRY Macy's Dept. Store	11. BIRTHPLACE (City and State or Foreign Country) Denmark		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Matt Johnson		13b. MOTHER'S MAIDEN NAME Sophia Peterson		14. NAME OF HUSBAND OR WIFE Elva 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. 486-07-6490	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elva Johnson-Wife-4310 Woodland				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL ACCIDENT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PREVIOUS CEREBRAL THROMBOSIS DUE TO (c) HYPERTENSION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 months 3317	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) m.	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>55</u> , to <u>1/29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/28</u> , 19 <u>56</u> , and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE Arthur B. Rhoades (Degree or title) MR			23b. ADDRESS 1109 PROFESSIONAL BLDG 4th Mo		23c. DATE SIGNED 1/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 2-1-56	REGISTRAR'S SIGNATURE Merar Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas E. Quirk 4516 Troost, K. C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 *James E. Hacklem*

Licensed Embalmer No. *4573*

P. O. Address *H. C. Ymca*

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.