

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4881**  
**272**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>272</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>50 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>General Hospital No. 1</b>				e. STREET ADDRESS (If rural, give location) <b>2917 Euclid</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Horace</b>		c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 19 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct 31 1869</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>18</b>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Floor Walker (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods Store</b>		11. BIRTHPLACE (City and State, or Foreign Country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alexander Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Mary McGregor</b>			14. NAME OF HUSBAND OR WIFE <b>Arintha Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-12-4944</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Wm McKamy, Greenwich, Conn.</b>			
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) <b>Carcinoma of colon with metastases to liver</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>153X</b>	
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)		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>Dec. 19 1955</u> , to <u>Jan. 19 1956</u> , that I last saw the deceased alive on <u>Jan. 19 1956</u> , and that death occurred at <u>12:45A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B.I. Burns (Degree or title) D</b>				23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>1-19-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 20/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonner Springs Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Bonner Springs, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>1-20-56</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ward Harrington Bonner Springs Kansas</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *H. Perkinson*.....

Licensed Embalmer No. *390*.....

P. O. Address *Kan. City*.....

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.