

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
B. I. Burns

FILED APR 2 - 1957

STANDARD CERTIFICATE OF DEATH

8735

STATE FILE NUMBER 1234

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) OR TOWN <b>Kansas City, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hosp. # 1</b>		Length of stay in 1b <b>20 yrs.</b>		d. STREET ADDRESS <b>915 Prospect ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Daniel H. Johnson</b>				4. DATE OF DEATH <b>3-16-57</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 14-1891</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Renick's Flowers Inc.</b>		11. BIRTHPLACE (City and state or country) <b>Skoal Creek Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Daniel Johnson</b>		14. MOTHER'S MAIDEN NAME <b>Horn</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>445-24-9256</b>		17. INFORMANT Address <b>Mrs. Tennie Johnson, Wife 915 Prospect, K.C.M.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure, Pulmonary edema</b>							INTERVAL BETWEEN ONSET AND DEATH  <b>4341</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>March 11, 1957</b> to <b>March 16, 1957</b> and last saw her alive on <b>March 16, 1957</b> Death occurred at <b>7:30 P. M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>B. I. Burns M.D.</i>				22b. ADDRESS <b>Gen. Hosp. Kansas City, Mo.</b>		22c. DATE SIGNED <b>3-16-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 18-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Vian Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Vian, Oklahoma</b>	
24. FUNERAL DIRECTOR <b>Mrs. C.L. Forster Funeral Home, Inc.</b>				ADDRESS <b>Kansas City Mo.</b>		DATE RECD. BY LOCAL REG. <b>3-16-57</b>	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>							

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 *John V. Henrich* .....  
Licensed Embalmer No. 48

P. O. Address *P. O. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.