

No. 2
-13-40
17-39
X23159

FEB 18 1947

1204

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4221 Kenwood Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 years
(Specify whether years, months or days)

In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *4A*

(c) City or town Kansas City *P*
(If outside city or town limits, write "RURAL") *0*

(d) Street No. 4221 Kenwood Avenue *A*
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 62 years years.

3. (a) PRINT FULL NAME JOHNSON UNDERWOOD

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mrs. Wendela Underwood 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 10, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>1</u>	hr. _____ min.

9. Birthplace England *4*
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Contractor

11. Industry or business _____

12. Name Don't know

13. Birthplace England *4*
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace England *4*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wendela Underwood

(b) Address 4221 Kenwood Ave.

17. (a) Burial (b) Date thereof 1-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) Jan 12, 1947 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11, year 1941 hour 7:50 minute 4 M.

21. I hereby certify that I attended the deceased from 11-27-39 1939 to 1-11-41 1941;

that I last saw him alive on 1-11-41 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

ARTERIO SCLEROTIC HEART DISEASE

Due to _____

Due to _____

Other conditions _____ *93d*

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury A

23. Signature M. H. Wheeler (M. D. number) _____

Address Noo Prof Bldg Date signed 1-11-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1:00 to 2:00
Prof. B.S.G.

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

....., Registered Apprentice No.

working under my personal supervision.

Signed Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address 76 E 760

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.