

FILED NOV 19 1942
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Registration District No.

Primary Registration District No. 1002

Registrar's No. 4218

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution 3221 Chestnut
 (d) Length of stay: In hospital or institution 74 years
 In this community 74 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 3221 Chestnut
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME William H Johnson
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 11
 year 42 hour 6:00 M.
 21. I hereby certify that I attended the deceased from Anna
 19 to 19

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive, years 9 1868

that I last saw him alive on and that death occurred on the date and hour stated above.
 Immediate cause of death: Coronary heart disease
 Due to 93 D
 Due to

8. AGE: Years 74 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business Sumner

MOTHER FATHER
 12. Name Daniel W Johnson
 13. Birthplace New York
 14. Maiden name Mary Plinsworth
 15. Birthplace England

16. (a) Informant G. H. Wasson
 (b) Address 627 W. 62nd St

17. (a) Burial (b) Date thereof 11/12/42
 (c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director Snow Mayberry
 (b) Address 2815 Lenwood

19. (a) 11-12-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

Other conditions: ~~_____~~
 Major findings: Of operations: ~~_____~~
 Of autopsy: Inspection and history

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

23. Signature: G. H. Wasson 2/11/42
 Address: Jew Date signed

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

100 mo

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.