S. No. 2
M—2-43
5-17-39
I X35697

FILED NOV 1 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33837

State File No. 4486

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

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

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 Days (Specify whether years, months or days)
In this community 35 Years
Mansfield

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2529 Highland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ERNEST JOHNSON
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or Race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Izeda Johnson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased September 12, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
60	1	8	hr. min.

9. Birthplace Sedalia, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Joseph Johnson
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Belle Parker
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery K.C. Mo
18. (a) Signature of funeral director Fannie R. Meek
(b) Address 1710 E. 18th St. Kansas City Mo.
19. (a) 10-22-43 (Date received local registrar) (b) R. E. Burton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1943 hour 1: minute 25 P. M.
21. I hereby certify that I attended the deceased from 9-9-43, 19..., to 10-20-43, 19...; that I last saw him alive on 10-20-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Congestive Failure	
Due to: Hypertensive Heart with Auricillar Fibrillation	
Due to: 45c?	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M.D. or other) M.D.
Address Gen. Hosp. No. 2 Date signed 10-22-43

(Licensed Embalmer's Statement on Reverse Side)

1943
70
1873

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. Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address. Kansas City, 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.