

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18745
2180

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in place) 63 yrs		STREET ADDRESS (If rural, give location) 2444 Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2444 Chestnut		37	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Franklin	c. (Last) Johnson	4. DATE OF DEATH (Month, Day, Year) May 17, 1955
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Nov. 23, 1891	9. AGE (In years, last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and State or Foreign Country) Clay County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ezekell Johnson	13b. MOTHER'S MAIDEN NAME Sarah Agnes Lewis	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 496-09-9109	17. INFORMANT'S SIGNATURE OR NAME Rose Long ADDRESS 2444 Chestnut
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral Apoplexy		
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Nephritis	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		594X	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-16**, 19**55** to **5-17**, 19**55** that I last saw the deceased alive on **5-16**, 19**55** and that death occurred at **3:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.M. Miller	23b. ADDRESS 1816 Vine Rd. Mo.	23c. DATE SIGNED 5-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 21, 1955	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 5-19-55	REGISTRAR'S SIGNATURE new munsell	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros Funeral Home ADDRESS 18th Benton
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Bruce Q. Watkinson

Licensed Embalmer No. *450*

P. O. Address *18th Street*

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.