

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ED FEB 26 1940

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 152

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: 3539 Central
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether years, months or days) CTC

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. 3539 Central
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs. Estella Graham Johnson
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 11th
 year 1940 hour 11 minute 15 M.

4. Sex Female
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph B. Johnson
 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased January 8 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1939
 _____, 19____, to Jan 11 1940, 19____;
 that I last saw him alive on Jan 9 1940, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 0 Days 3
 If less than one day _____ hr. _____ min.

Immediate cause of death
Brain metastatic process from Primary carcinoma of Breast
 Due to Adenocarcinoma of breast operated
 Due to Age 470

9. Birthplace Independence Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name David Allen
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Hulce
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Joseph B. Johnson
 (b) Address 3539 Central

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? _____

17. (a) Removal (b) Date thereof 1-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director J. Wagner
 (b) Address Rt. 6 Mo

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

19. (a) Jan. 12, 40 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

23. Signature H. G. M. L. L. L. (M. D. or other) _____
 Address 5719 Kilmore Ave Date signed 1-12-40

*10-21-1910
Cecil R. Matthes*

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address St. Louis, 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, above space should be left blank.