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13-40
7-39
X23159

NOV 12 1940

State File No. 4120

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Johnson Jackson

(a) County Kansas City

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

(c) Name of hospital or institution 627 Cottage Lane
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether)

In this community 41 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 627 Cottage Lane
(If rural, give location)

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

3. (a) PRINT FULL NAME HAZEL JOHNSON

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 Day 24 - 40
year _____ hour _____ minute 11 P M.

4. Sex Female race negro

5. Color or (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 19 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19 _____ ;
that I last saw _____ live _____ 19 _____ ;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Hemorrhage of abd.

Due to Bullet wound of abdomen

Due to _____

9. Birthplace Kansas City MO
(City, town, or county) (State or foreign country)

10. Usual occupation maid

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations (173)

Of autopsy _____

MOTHER FATHER

12. Name Arthur W. Johnson

13. Birthplace Kansas City MO
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Miff

15. Birthplace Jackson City MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtle Cuthbertson

(b) Address 627 Cottage Lane

17. (a) Highland (b) Date thereof Oct 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City MO

18. (a) Signature of funeral director G. Stuber Bull

(b) Address 1811 E 12th St K. City

19. (a) 10-28-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 10-24-40

(c) Where did injury occur? KS Jackson MO
(City or town) (County) (State)

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

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Dussellinger (M. D. or other) _____
Address _____ 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:

E. Sterling Bells

Licensed Embalmer No.

3178

P. O. Address

1816, 12th St

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.