

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4312**

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:
5609 Prospect Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **--**
(Specify whether
 In this community **39 Years**
years, months or days)

FILED DEC 11 1940

8. (a) PRINT FULL NAME **Miss Irene Louise Johnson**

8. (b) If veteran, name war **None** 3. (c) Social Security No **486-03-8215**

4. Sex **Female** 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

7. Birth date of deceased **March 1 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	8	9	hr. min

9. Birthplace **Terra Haute Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telephone Operator**

11. Industry or business **0**

12. Name **George Johnson**

13. Birthplace **Urbana Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda L. Miller**

15. Birthplace **Warrensburg Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara M. Johnson**

(b) Address **5609 Prospect Avenue**

17. (a) **Burial** (b) Date thereof **Nov. 12, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-12-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
 (d) Street No. **5609 Prospect Avenue**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **10th**
 year **1940** hour **7** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **Nov 28** to **Nov 10**, 19**40**

that I last saw her alive on **Nov 9**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart failure**

Due to **Chronic Endocarditis 30 yrs. Mitral & tricuspid insufficiency**

Due to **0**

Other conditions **0**
(Include pregnancy within 3 months of death)

Major findings: Of operations **0**

Of autopsy **0**

Duration

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) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? **0**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? **0** (Specify type of place) (e) Means of injury **0**

23. Signature **D. P. Klefing** (M. D. or other) **M.D.**
 Address **615 Angell Bldg. KCMO** Date signed **11/14/40**

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

7-8
C. C.
M. M.

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 *H. C. Newcomer Jr.*
Licensed Embalmer No. 4043
P. O. Address *H. C. M.*

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.