No. 2
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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1323

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 283

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: 3718 Brooklyn 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 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 3718 Brooklyn Avenue (If rural, give location) 8

(e) If foreign born, how long in U. S. A.? 27 Years years. 0

3. (a) PRINT FULL NAME Mrs. Anna Carrie Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. Unknown

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased October (Month) 18 (Day) 1858 (Year)

8. AGE: Years 82 Months 2 Days 28 If less than one day ___ hr. ___ min.

9. Birthplace SMoland (City, town, or county) Sweden 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name John Peter Johnson
13. Birthplace Smoland (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Smoland (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Edwin Johnson

(b) Address 7208 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 20 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1941 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from ___ 19__ to ___ 19__; that I last saw ___ alive on ___ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Hemoperi Cardium

Due to Rupture of the Heart

Due to Acute Myocardial Infarction

Other conditions (Include pregnancy within 3 months of death) 93D

Major findings:
Of operations
Of autopsy

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)

(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 Russell W. Jones (M. D. or other)

Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.