

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1353

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

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. 4011 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ELIZABETH JOHNSON

20. DATE OF DEATH: Month April day 4th  
year 1941 hour 2 A.M. minute \_\_\_\_\_ M.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from April 3rd 1941 19 \_\_\_\_\_ to April 4th 1941 19 \_\_\_\_\_  
that I last saw her alive on April 4th, 1941 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife Thomas Johnson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 25 1864  
(Month) (Day) (Year)

Immediate cause of death  
CEREBRAL HEMORRHAGE

8. AGE: Years 74 Months 3 Days 9 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to HYPERTENSION

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Due to \_\_\_\_\_

10. Usual occupation Homemaker

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business Geo. Helffer

Major findings:  
Of operations \_\_\_\_\_

12. Name Geo Helffer

Of autopsy See above

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Johnson

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

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

16. (a) Informant Miss Frank Johnson

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Address 4011 Woodland

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 4/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(c) Place: burial or cremation TM Mutual Cemetery

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

18. (a) Signature of funeral director Myron R. Moore

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

(b) Address 2315 - Riverside

23. Signature Myron R. Moore (M. D. or other) \_\_\_\_\_

19. (a) Apr 6, 1941 (b) M. M. Corone  
(Date received local registrar) (Registrar's signature)

Added Director K.C. Gen. Hospital Date signed 4/1

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

8  
3  
8

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**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.....

*Ray E Snow*

Licensed Embalmer No.....

*2560*

P. O. Address.....

*1807 E 29th*

**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.**