

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2463

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:  
1280 West 72nd Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 23 years  
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. 1280 West 72nd Terrace  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th  
1941 year. \_\_\_\_\_ hour. \_\_\_\_\_ minute. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 1  
1940 to June 28 1941.  
that I last saw him alive on June 27 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Chronic Myocardial degeneration - Reperfusion  
Due to Hypertension and Chronic Nephritis

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

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

Of autopsy None

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?

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

23. Signature F. C. Latour (M. D. or other)  
Address 624 Padoninal Date signed June 27

3. (a) PRINT FULL NAME Frederick C. Johannes

3. (b) If veteran, name war No 3. (c) Social Security No. 487-05-6446

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Earle D. Johannes 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 25, 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Composing Room

11. Industry or business Kansas City Star

12. Name Leonard Johannes

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

14. Maiden name Mary Generkin

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

16. (a) Informant George Fagan

(b) Address 1280 West 72nd Terrace

17. (a) Burial (b) Date thereof 6-30-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 6/29/41 (b) m. m. Crow  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

048  
3  
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(M. D. or other)

Date signed

June 27

41

*Prof. Bell*  
*1:00 to 5:00*

**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 *Clarence W. Chiles*  
Licensed Embalmer No. *3473*  
P. O. Address *76 E. 7th*

**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.**