

1. PLACE OF DEATH: 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 General Hospital #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month 5 days
 In this community 0 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELLA JOHNSON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col 2 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Custer 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April 23, 1873
 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name Miles Johnson

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

14. Maiden name _____

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

16. (a) Informant Vanilla Johnson

(b) Address 4307 Washington

17. (a) burial (b) Date thereof 12/19/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Mathews Bros.

(b) Address 1729 Lydia

19. (a) 12-19-41 (b) M. M. Crome
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 5
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 4307 Washington
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16 1941
 year hour minute M.

21. I hereby certify that I attended the deceased from 12-5-41
 to 12-16-41
 that I have examined the body and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bilateral pneumonia
fractured ribs bilaterally &
laceration of the pleura
due to injury by fall

Other conditions _____
 Major findings: _____
 Of operations _____
 Of autopsy Yes

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) suicide
 (b) Date of occurrence 12-15-41
 (c) Where did injury occur? K.C. (City or town) Mo (State)
 (d) Was injury sustained in or about home, on farm, in industrial place, in public place?
Jumped from hospital window
 (Specify type of place)
 While at work _____
 (Specify type of injury)

23. Signature M. M. Crome (M. D. or other) _____
 Address K.C. Mo. Date signed _____

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

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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 *B. L. Graham*

Licensed Embalmer No. *2540*

P. O. Address *2523 Woodlawn*

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.