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13-40
7-39
X23159

FILED MAR 16 1942
Registration District No. 16328

Primary Registration District No. 1002

State File No. _____

Registrar's No. 847

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: 2620 Jackson, 1 Li. 3446
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
(Specify whether
 In this community unknown.
years, months or days)

3. (a) PRINT FULL NAME Mrs. Barbara Hohn,
 3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Bernard Hohn 6. (c) Age of husband or wife if alive 1850 years
 7. Birth date of deceased February 7
(Month) (Day) (Year)

8. AGE: Years 92 Months 0 Days 20 If less than one day 4
hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Phillip George,
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown,
 15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. C. Doke,
 (b) Address 2620 Jackson, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K., C., Mo.

19. (a) 3/2/42 (b) M. M. Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
 (a) State Missouri (b) County Jackson,
 (c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2620 Jackson,
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 70 years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th
 year 1942 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept 11
 1940, to Feb 27, 1942;
 that I last saw her alive on Feb 26, 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 3 days
Duration

Due to Myocardium & senile dementia 3 year
 Due to Generalized arteriosclerosis year
Duration

Other conditions 48E

Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature John T. Shuman (M. D. or other) DMD
 Address 1402 Bryant St Date signed 2-28-42

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

Dr. Skinner, John

Bryant City

Mo. 7010

2:30-5:30

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

E. M. Plank

Licensed Embalmer No.

1848

P. O. Address

K. C. Mo

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.