

FILED MAR 4 1942 99
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
Jackson
 (a) County _____
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
915 Euclid /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community over 50 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") **8**
915 Euclid
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME Laura Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Charles Johnson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 7 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace LaCygne / Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John M. Walls

13. Birthplace Henry County / Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann Elizabeth Porter

15. Birthplace Louisville / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Patterson
 (b) Address 4327 Virginia

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

18. (a) Signature of funeral director H. M. Brown
 (b) Address 1729 Lydia

19. (a) 2/17/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
 year 1942 hour 6 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Nov 1st 1941, to Dec 26 1941
 that I last saw him alive on Dec 26 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden
 Due to Arteriosclerosis
 Due to 94a
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
 Of operations _____
 Of autopsy Coronary occlusion

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 Edna M. Brown (M. D. or other) _____
 Address 1007 - N. L. - 12 C. C. Date signed 2/14/42

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

MOTHER FATHER

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.....

Isaac J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.