

FILED MAR 9 1942

Registration District No. 283

Primary Registration District No. 5-557

Registrar's No. 68

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

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: Laffon Nursing Home-43rd & Blue Ridge  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Weeks  
(Specify whether)

In this community 12 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. 1000 Park Avenue  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country Sweden In U.S. 69 yrs

3. (a) PRINT FULL NAME Mrs. Ida Elizabeth Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th  
year 1942 hour 8 minute 45 A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Victor Johnson

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 24 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 25-42  
1942 to Feb 25 1942  
that I last saw her alive on Feb 25 1942  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>3</u>	<u>1</u>	hr. min.

Immediate cause of death Acute Heart Failure (R. heart) with Pulmonary edema Duration 20 Min.

Due to Coronary Occlusion 30 min

9. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER

12. Name Unknown-Lundgren

13. Birthplace Cole 4 Sweden 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Sweden 4  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 94a

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. B. H. Fyrdley

(b) Address 4000 Park Ave

17. (a) Removal (b) Date thereof Feb 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 11111 Dayton, Iowa

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb 25 42 (b) Maal E. Larson  
(Date received local registrar) (Registrar's signature)

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 J. L. Laffon (M. D. or other) \_\_\_\_\_  
Address 715 Argyle Bldg Date signed Feb 25 1942

St. Joseph's Hospital  
11:30 P.M.

**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 C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
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.