S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9682

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1186

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: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days. (specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 109 S. Cherokee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ANNA JOHNSON
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife William R. Johnson
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July (Month) 18 (Day) 1869 (Year)

8. AGE: Years 72 Months 8 Days ~~14~~ If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
MOTHER FATHER
12. Name Henry Allen 4
13. Birthplace No Record (City, town, or county) 4 Ireland (State or foreign country)
MOTHER
14. Maiden name Anna Carlson
15. Birthplace No Record (City, town, or county) 4 Ireland (State or foreign country)
16. (a) Informant Miss Jenette Johnson
(b) Address 109 S. Cherokee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys K.C. MO.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kans.
19. (a) 3-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1942 hour 5:18 minute P M.
21. I hereby certify that I attended the deceased from 8-24-41, 19 to 3.22.42, 19 that I last saw her alive on 3.22.42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease
Paralytic Ileus
Due to 93 d
Due to
Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) M.D.
Address 311 Argyle Bldg Date signed 3/24/42

361 (Licensed Embalmer's Statement on Reverse Side)

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address K.C. Kansas

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.