S. No. 2
I—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9684

Registration District No. 3429 Primary Registration District No. 1002 Registrar's No. 1460

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: 4161 Holly St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 67 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048

(c) City or town: KansasCity
(If outside city or town limits, write "RURAL")

(d) Street No.: 4161 Holly St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: D

3. (a) PRINT FULL NAME: HILMA A. JOHNSON

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband ~~or wife~~: Axel E. Johnson

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

7. Birth date of deceased: October (Month) 13 (Day) 1873 (Year)

8. AGE: Years 69 Months 5 Days 29 If less than one day hr. min.

9. Birthplace: Kansas City (City, town, or county) Mo. D (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Carl W. Norman

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

MOTHER 14. Maiden name: Marie Turn

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

16. (a) Informant: Miss Rose Johnson

(b) Address: 4161 Holly St.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof: 4-15-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Edwardsville, Kansas

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Mo.

19. (a) 4-13-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month day 4-12-42 year hour minute M.

21. I hereby certify that I attended the deceased from 9 a.m. 19 to 19; that I last saw the deceased alive on 19; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death: Death by hanging

Due to: 164a

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

Of autopsy: Inspection

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: 4-12-42

(c) Where did injury occur? K.C. (City or town) Jo (County) Mo (State)

(d) Did injury occur in home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: 3

23. Signature: Arthur H. Martin (M. D. or other)

Address: K.C. Mo. Date signed

(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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 56 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.