

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **1662**

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:
1280 W. 72nd St. Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **24 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **1280 W. 72nd St. Terrace** **8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Earle D. Johannes**

MEDICAL CERTIFICATION

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **4** day **27**
year **42** hour **11:30** minute **12** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

21. I hereby certify that I attended the deceased from _____, 19____
Crowe
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Frederick C. Johannes** 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death:
**Coronary Arteriosclerosis
Chronic Myocardial Infarction**
Due to _____ **930**
Due to _____

7. Birth date of deceased **January 14 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	3	13	hr. _____ min. _____

9. Birthplace **Logansport Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **William Dye**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Marla Black**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs George B. Fagan**
(b) Address **1280 W. 72nd St. Terrace**

17. (a) **Burial** (b) Date thereof **4-29-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Mo.**

19. (a) **4-28-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations _____
Of autopsy **autopsy**

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) _____

(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? _____

White at _____? (Specify type of place) (e) Means of injury _____

23. Signature **Crowe** (b) **4-28-42**
Address _____ Date signed _____

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 Clarence W. Chilea

Licensed Embalmer No. 3473

P. O. Address 76 e 5700

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.