

FILED AUG 19 1942  
Registration District No. ....

Primary Registration District No. 1002

48  
8

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-1-42-8-2-42  
(Specify whether years, months or days) 2 years

In this community 2 years

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. 2127 Highland  
(If rural, give location) No

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

If yes, name country 0

3. (a) PRINT FULL NAME HATTIET JOHNSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
year 1942 hour 10 minute 20 p.m.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife AL JOHNSON

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

7. Birth date of deceased Unknown 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1 19 42 to August 2 19 42;  
that I last saw her alive on August 2 19 42;  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Acute Congestive Heart Failure

Due to Arteriosclerotic type heart disease

Due to \_\_\_\_\_

9. Birthplace Odessa Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93B

10. Usual occupation At Home

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

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? \_\_\_\_\_

17. (a) burial (b) Date thereof 8/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Hatters Bros.

(b) Address 1729 Lydia

19. (a) 8-11-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or D. O. C.)

Address Gen. Hosp. #2-600 622 Date signed 8-4-42

**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

*J. Moore*

Licensed Embalmer No. *3904*

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.**