S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 39781

Registrar's No. 4801

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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: 218 E. 56th 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: 60 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.: 218 E. 56th St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Miss Lottie 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: Single

6. (b) Name of husband or wife: ------

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

7. Birth date of deceased: May (Month) 12 (Day) 1863 (Year)

8. AGE: Years 79 Months 7 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation: At Home

11. Industry or business:

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

MOTHER
14. Maiden name: Unknown
15. Birthplace: Sweden 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emri M. Tilberg
(b) Address: 218 E. 56th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-26-1942 (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) 12-24-42 (Date received local registrar) (b) M. M. Growe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 1936 to Dec 22 1942 that I last saw her alive on Dec 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemochromatosis — Duration 6 yrs

Due to: 124 B'

Due to:

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

Major findings:
Of operations:

Of autopsy: Hemochromatosis Cirrhosis of Liver & Anemia

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: Carl H. Ernst (M. D. or other)
Address: 106 W 14th KC Mo. Date signed: 12/23/42

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(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 Rc 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.**