

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 10 yrs years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) Street No. 4920 Chestnut  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANNA JOHNSON

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 - 43  
year 1943 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 27  
am - 9am 27  
19 43 to Jan 27 - 19 43

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife unknown

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

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

that I last saw her alive on Jan 27 (1943) 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage <sup>Duration</sup> 1 da

Due to hypertension <sup>830</sup>

Due to hypertension <sup>2 yr</sup>

8. AGE: Years Months Days If less than one day

64 5 13 hr. min.

9. Birthplace Sedalia Mo.  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation House Wife

11. Industry or business

12. Name Henry Mc Gurney

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

14. Maiden name Ellen Miller

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

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?

23. Signature F. Chamas (M. D. or other) <sup>White at work? (Specify type of place)</sup>  
Address 624 Prof Bldg (e) Means of injury 1943  
Date signed Jan 28

16. (a) Informant Mrs. Victor Priedden

(b) Address 3307 Penn Blvd KC. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cem.

18. (a) Signature of funeral director John North  
(Name of funeral director) 1-28-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

Dr F.C. - 7th Mar 1/1943

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**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 Levon E. Hodges  
Licensed Embalmer No. 2729  
P. O. Address North K.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.**