

FILED MAY 3 1943  
Registration District No. 249

Primary Registration District No. 1002

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: 309 Garfield  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours  
(Specify whether)

In this community 50 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 3339 Brooklyn  
(If rural, give location)

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

3. (a) PRINT FULL NAME HANNAH MARY 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 Widow

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May 8, 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 27 If less than one day  
hr. min.

9. Birthplace Washington Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER } 12. Name John Miller

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

14. Maiden name Jane Maxwell

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

16. (a) Informant Mary Moody

(b) Address 2332 Lister

17. (a) Burial (b) Date thereof April 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City Mo.

19. (a) 4-6-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1943 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from March 23, 1943 to April 2, 1943;  
that I last saw her alive on April 2, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis  
Myocardial infarction

Due to Hypostatic pneumonia

Other conditions (Include pregnancy within 3 months of death) 928

PHYSICIAN

Major findings: Of operations

Of autopsy —

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) no

(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? — (Specify type of place) (e) Means of injury —

23. Signature Paul Miller (M. D. or other) 40  
Address 4712 1/2 E. 24th Date signed 4/5/43

Dr. Regal Miller  
4700 E. 24th

**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..... *H. D. Blackman* .....

Licensed Embalmer No..... *3639* .....

P. O. Address..... *Kansas City, 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.**