

FILED JUL 8 1943
Registration District No. **149**

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:
KANSAS CITY Tbc. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6mo - 9 days**
(Specify whether
In this community **unknown**
years, months or days)

3. (a) PRINT FULL NAME **Johnson, Anna Mae**

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

4. Sex **F** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **separated**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **Ans none** years

7. Birth date of deceased **Oct. 17, 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 **8** **6** _____ hr. _____ min.

9. Birthplace **Council Grove Kans**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER

12. Name **Sydney Ransome**
13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **KEMETTER, Dinwiddie**
15. Birthplace **Augusta ARK.** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records K.C. Tbc. Hosp.**

(b) Address **Seido, mo.**

17. (a) **Burial** (b) Date thereof **6-14-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal **Lincoln Cemetery**

18. (a) Signature of funeral director **Hest, Appleton Jones**

(b) Address **1905 Vine St**

19. (a) **6-22-43** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON** **3**
(c) City or town **KANSAS CITY** **8**
(If outside city or town limits, write "RURAL")
(d) Street No. **1811 Gainotte**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1943** hour **10:20** minute **0** M.

21. I hereby certify that I attended the deceased from **12-11-42**
_____, 19____, to **6-20-43**, 19____
that I last saw her alive on **6-20-43**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary tuberculosis**
Duration **9mo.**

Due to **136**
Due to _____

Other conditions **Mitral stenosis**
(Include pregnancy within 3 months of death)

Major findings: **see above**
Of operations **Pul. Tbc.**
Of autopsy **see above**

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? _____

While at work _____ (Specify type of place) (or Means of injury)
23. Signature **William Stuffed** (M. B. or other)
Address **Kans City Tbc Hosp.** Date signed **6-20-43**

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 *C. H. West*.....

Licensed Embalmer No. 2710.....

P. O. Address 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.