

FILED NOV 19 1943

Registration District No. 749

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4590

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ole Martinus Johnson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sabina Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1966
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Trondjheim Norway
(City, town, or county) (State or foreign country)

10. Usual occupation Steamfitter (retired)

11. Industry or business Lipman Ref. Co.

12. Name John Barstow

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

14. Maiden name Unk.

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

16. (a) Informant Mrs. Carl Pierson

(b) Address Blue Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/30/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem. K.C. Kans

18. (a) Signature of funeral director Geo. H. Long

(b) Address Kansas City Kansas

19. (a) 10-29-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1943 hour 12 minute 03 P. M.

21. I hereby certify that I attended the deceased from June 15 1943 to Oct 28 1943 that I last saw him alive on Oct 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to Arthritis

Due to _____

Other conditions Enlarged middle lobe
(Include pregnancy within 3 months of death)

Major findings: lobe pneumonia

Of operations _____

Of autopsy Broncho-pneumonia, arthritis, enlarged middle lobe

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) (e) Means of injury _____

23. Signature p. m. Nunn (M. D. or other) _____

Address 1401 Sw Blvd Date signed 10-29-43

Duration

4 days

several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Chas. H. Rider

Licensed Embalmer No. *3404*

P. O. Address *703 N. 10th St. Kc*

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.