

FILED DEC 22 1943

State File No. 5129
Registrar's No.

Registration District No. 177 Primary Registration District No. 1802

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 3933 BELLEFONTAINE AVE.
(d) Length of stay: In hospital or institution 39 YEARS
In this community 39 YEARS

3. (a) PRINT FULL NAME MRS HAZEL JOHNSON
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-07-7455

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. CARL R. JOHNSON
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased FEBRUARY 29 1904

8. AGE: Years 39 Months 9 Days 3

9. Birthplace KANSAS CITY MISSOURI

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name WM. W. PINHOLSTER
13. Birthplace GA.
14. Maiden name LAURA SULLIVAN
15. Birthplace GA.

16. (a) Informant MRS. VERA GRUBE
(b) Address 3933 BELLEFONTAINE AVENUE

17. (a) BURIAL
(b) Date thereof DEC-6-1943

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director J. H. Hodgson
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-6-43 (b) P. E. Brown

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 3933 BELLEFONTAINE AVE.
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 2 NO
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from 8-16-43
19 to 12-2-43
that I last saw her alive on 12-2-43
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis
Duration: XAO
Due to: Primary Carcinoma of ovary
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Generalized Carcinomatosis
Of operations: Underline the cause to which death should be charged statistically.
Of autopsy:

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. H. Hodgson (M. D. member)
Address 200 Plaza Med Bldg Date signed 12-2-43

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

MOTHER FATHER

200 Page Natural Body
1:30-5:30

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 Ernie M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo.

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.