

FILED JAN 3 1943
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 5259

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: 6012 McGee St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6012 McGee St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Miss Mary L. 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 Single

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

7. Birth date of deceased. Aug. 2 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 10 hr. min.

9. Birthplace McPherson Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business

12. Name Adam H. Johnson

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

14. Maiden name Elizabeth Ratzlaff

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

16. (a) Informant Mrs Minnie Ratzlaff

(b) Address 6012 McGee St.

17. (a) Removal (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Moundridge, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 12-13-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12-12-43
year hour minute M.

21. I hereby certify that I attended the deceased from one call
7 am Dec 12 1943 19...
that I last saw her alive on 12/12-1943 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: Death apparently due to a
Cardio-vascular renal
Due to disease

Due to Patent a Christian Scientist
and called me about 7 am

Other conditions: 12/12-1943, in Texas
(Include pregnancy within 3 months of death)

Major findings: Cardiac hypertrophy
Of operations: none attending physician
Of autopsy: 13/10

Duration

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) Means of injury 0

23. Signature T. E. Brown (M. D. or other) _____
Address 836 Prof. Bldg. Date signed 12/13/43

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

MOTHER FATHER

43072

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.

W H Erwin