

FILED MAR 9 1944/9

Registration District No.

Primary Registration District No.

1002

Registrar's No.

943

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Lifetime 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. 3125 Olive (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ALICE LENORE 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
6. (b) Name of husband or wife John W. Johnson 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 31 1905 (Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 26 25 hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name William W. Anderson

13. Birthplace Penn. 1 (City, town, or county) (State or foreign country)

14. Maiden name Alice Fletcher

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

16. (a) Informant John W. Johnson

(b) Address 3125 Olive

17. (a) Burial (b) Date thereof Feb 29 1944 (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 2-28-44 (b) N. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1944 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 26 Feb. 1944 to 26 Feb. 1944 that I last saw her alive on Feb. 26 and that death occurred on the date and hour stated above.

Immediate cause of death Disruptive embolus of coronary artery with gangrene of heart & perforation of bowel.
Due to Perforated peptic ulcer
Due to ulcer & operation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Listed above
Of operation Intestinal resection
Of autopsy 1224

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?
(Specify type of place)
While at work None Means of injury
23. Signature Paul F. Hunt (M. D.)
Address 1612 Park 13th St Date signed 2-28-44

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

MOTHER FATHER

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 R. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address R. O. 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.

Long 0.4023