

FILED SEP 22 1944  
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:  
1931 E 75th St  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 12 years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mrs Emma E. Johnston  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Geo. H. Johnston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 5 1867  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>77</u>	<u>3</u>	<u>27</u>	<u>hr</u> min.

9. Birthplace Peru, Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Samuel S. Crawford  
 13. Birthplace Peru, Penn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Margaret McChesney  
 15. Birthplace Peru, Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs N. D. Cooperider  
 (b) Address 1431 E. 75th St. K.C. Mo  
 17. (a) Burial (b) Date thereof 9/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill R.C. Mo

18. (a) Signature of funeral director Stuart McClure  
 (b) Address Kansas City, Mo.  
 19. (a) 9-5-44 (b) M. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 47  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1431 East 75th St. 3  
(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 Sept day 2  
 year 1944 hour 9 minute 30 P M.  
 21. I hereby certify that I attended the deceased from Aug 1  
1944 to Sept 2 1944  
 that I last saw her alive on Aug 28 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage  
 Due to \_\_\_\_\_  
 Due to 830'

Other conditions Senile ataxia -  
(Include pregnancy within 3 months of death)  
salmonia

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration 5 days  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Stuart McClure (M. D. or other)  
 Address 1103 Grand Ave Date signed 9/7/44

R. H. S. Valentine  
Prof. Body No 1938  
1  
1425849  
1020 W. 69 St.

**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 Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address K. C. Missouri

**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.