

FILED FEB 6 1945
Registration District No. 199

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:
4200 East 61st Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days) 15 years

3. (a) PRINT FULL NAME MRS. JOHANNA LANDERS

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 Michael 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 10 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 00 Days 11 If less than one day hr. min.

9. Birthplace Kerry co Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name Patrick O'Grady

13. Birthplace Kerry co Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blonghne

15. Birthplace Kerry co Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eileen Landers

(b) Address 4200 East 61st Street

17. (a) Burial (b) Date thereof Jan 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonest Hill

18. (a) Signature of funeral director A. J. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-23-45 (b) N-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
(If outside city or town limits, write "RURAL")

(d) Street No. 4200 East 61st Street
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country IRELAND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1945 to Jan 21, 1945 that I last saw her alive on Jan 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration 3da

Due to Myocardial Infarction with Coronary Thrombosis

Due to Spontaneous

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN 93 D
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 F. R. [unclear] (M. D. or other) _____
Address 624 Perry Bldg Date Jan 22, 45

624 Professional Body
1-4

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 *Elmer Hothey*

Licensed Embalmer No. 2767

P. O. Address Kansas City

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.