

FILED JAN 17 1945
Registration District No. 449

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: GENERAL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 7 days
Specify whether

In this community 25 years
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. 3920 E 18TH STREET
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS MARIE JOHNSON LEVENS ON

3. (b) If veteran, name war NO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1944 hour 8 minute 27-M.

21. I hereby certify that I attended the deceased from 12-23-44 to 12-30-44, 1944, that I last saw her alive on December 30th, 1944, and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael Johnson 6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased January 11 1882
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic Heart disease Duration _____

Due to _____

Due to _____

Other conditions 938
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 11 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Germany MOLL
(City, town, or county) (State or foreign country)

10. Usual occupation at home

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name William Williamson

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Josephine E. Hunt

(b) Address 3617 Plural Street

17. (a) Burial (b) Date thereof Jan 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys Cem.

18. (a) Signature of funeral director J. H. Thompson

(b) Address 401 E. Wash. Creek Blvd

19. (a) 12-31-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury M.B.

23. Signature A. E. Wosker (M. D. or other) M.B.

Address General Hospital Date signed 1/1/45

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..... *Charles Northey*

Licensed Embalmer No..... *1767*

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.