V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8647

FILED APR 5 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1267

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:
7051 Cleveland Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton Missouri 1
(If outside city or town limits, write "RURAL")

(d) Street No. City of Trenton 2
(If rural, give location)

(e) Citizen of foreign country? no 1 (Yes or No)

If yes, name country no 1

3. (a) PRINT FULL NAME Georgia Ann Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race wh

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April 1st 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	18	hr. min.

9. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Arron Benge
13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Berge
15. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Johnson
(b) Address 7051 Cleveland Ave

17. (a) Removal (b) Date thereof 3-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trenton Missouri

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Kansas City Mo.

19. (a) 3-19-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Mar. 8, 1945, to Mar. 19, 1945;
that I last saw her alive on Mar. 16, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

46 k

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 80 I x Paseo Date signed 3/19/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Jones
Office 80th & Paseo Ja 1879
Home 1435 East 78th street Ja1907

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd

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.