S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1946

State File No. 1492

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 98

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: 3518 TRACY AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 3 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County FRANKLIN
(c) City or town WILLIAMSBURG - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #1
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country RUSSIA

3. (a) PRINT FULL NAME MRS. ELIZA KATHRINE JOHANNES
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband ~~or wife~~ MR. PETER JOHANNES SR.
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased AUGUST (Month) 20 (Day) 1881 (Year)

8. AGE: Years 64 Months 4 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace (City, town, or county) RUSSIA (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name JACOB BELL
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)
14. Maiden name HENRY
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)
16. (a) Informant MRS. MARY K. EADES
(b) Address 3518 TRACY AVENUE
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN. 8. 1946 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ROCKY FORD COLORADO
18. (a) Signature of funeral director D. R. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 1-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 7TH year 1946 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from Dec 13, 1945, to Jan 7, 1946, that I last saw her alive on Jan 7, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): HBP	
Major findings: Of operations: Carcinoma of Stomach	
Of autopsy:	

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 [illegible] (M. D. ~~or other~~)
Address 200 Plaza Med Bldg Date signed 1/9/46

(Licensed Embalmer's Statement on Reverse Side)

1056

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

260 Plaza Medical Bldg.

JUN 8 1945

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.