S. No. 2
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19207

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

FILED JUN 20 1946

State File No. 20334

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2533

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: 621 EAST 42ND STREET 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 58 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 621 EAST 42ND STREET 8
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)

If yes, name country SWEDEN

3. (a) PRINT FULL NAME MRS. ANNA CHRISTINE JOHNSON

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. CARL AUGUST JOHNSON

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

7. Birth date of deceased SEPTEMBER 10 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	8	25	hr. min.

9. Birthplace SWEDEN 4
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name AUGUST C. LARSSEN
13. Birthplace SWEDEN 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA
15. Birthplace SWEDEN 4
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie V. Johnson
(b) Address 621 EAST 42ND STREET

17. (a) BURIAL (b) Date thereof JUNE 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEN.

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5TH
year 1946 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan 2 1944 to June 5 1946
that I last saw her alive on May 25 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	1 day
Due to Generalized Coronary Sclerosis	5 yrs
Due to Generalized arterio-sclerosis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 a
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 Carl H. Brust (M. D. or other)
Address 106 W 14th st KC Mo Date signed June 7 46

(Licensed Embalmer's Statement on Reverse Side)

704 Downey Light Bldg.
2:30-4:30

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.