

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27195

FILED SEP 14 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3699

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:
3534 IRROOST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 YEARS (Specify whether 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.: 3534 IRROOST AVENUE
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country: GERMANY

3. (a) PRINT FULL NAME: MRS. ANNA LOUISE JOHNSON

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. JOSEPH H JOHNSON
6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: APRIL 1 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	4	26	hr. min.

9. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation: APARTMENT OWNER

11. Industry or business:

MOTHER FATHER
12. Name: John Gerholtz
13. Birthplace: Germany
14. Maiden name: Louise Swartz
15. Birthplace: Germany

16. (a) Informant: J. H. Johnson
(b) Address: 3534 Irroost

17. (a) BURIAL (b) Date thereof: Aug. 29 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: FOREST HILL ABBEY

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

19. (a) 8-28-46 (Date received local registrar)
S. Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: AUGUST day: 27
year: 1946 hour: 12 minute: 55 A.M.

21. I hereby certify that I attended the deceased from Aug 11 1946 to Aug 27 1946
that I last saw her alive on Aug 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Primary Adeno-carcinoma of ovary with metastases to abdomen and viscera
Due to: Neoplastic growth

Duration: 8 mo.

Due to: _____
Other conditions: 49a
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Adeno-carcinoma of Ovary with visceral metastases
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: _____

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: Walter Cummings (M. D. or other) M.D.
Address: 4620 Judy Ave. K.C. Mo. Date signed: 8-27-46

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

713019

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... *Bernard L. Gowan*

Licensed Embalmer No. *4250*

P. O. Address... *HC 715*

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.