No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 20 1948
Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8762
Registrar's No. 1111

WRITE PLAINLY—USING 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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community 35 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. 5614 OLIVE STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ---

3. (a) PRINT FULL NAME MRS. ALICE JOHNSTON
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. TOM A. JOHNSTON
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased FEBRUARY 25 1894
(Month) (Day) (Year)

8. AGE: Years 54 | Months 0 | Days ~~12~~ 14 | If less than one day ..... hr. ..... min.

9. Birthplace APPLETON CITY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business ---
FATHER
12. Name DARWIN HOSMER
13. Birthplace OHIO
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name EDDIE UNKNOWN
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
16. (a) Informant MR. TOM A. JOHNSTON
(b) Address 5614 OLIVE STREET
17. (a) BURIAL (b) Date thereof MAR-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 3-11-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 9TH
year 1948 hour 7 minute 55A M.
21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;
that I last saw him ..... 19.....;
and that death occurred on the date and hour stated above.

Pathologist

Immediate cause of death
Generalized Lymphs Sarcoma
Due to Abdominal
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 55
Of autopsy above

Duration

PHYSICIAN
Underline the cause of 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] MD (M. D. or other)
Address St Joseph Hospital Date signed 9 Mar 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.