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FILED MAY 7 1948  
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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: **3300 Mersington**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 year**  
(Specify whether years, months or days)

In this community **1 year**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Mary Annie 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 **Widowed**

6. (b) Name of husband or wife **George Johnson**

6. (c) Age of husband or wife if alive **24th.** years **1862**

7. Birth date of deceased **May** (Month) **24th.** (Day) **1862** (Year)

8. AGE: Years **85** Months **10** Days **27**

If less than one day hr. min.

9. Birthplace **Kingston Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Brookshier**

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James F. Johnson**

(b) Address **3300 Mersington**

17. (a) **Burial** (b) Date thereof **4-23-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **El Dorado, Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **4-21-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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. **3300 Mersington**  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **21st.**  
year **1948** hour **7** minute **30** A M.

21. I hereby certify that I attended the deceased from **4/9/48**  
19... to **4/21** 19...  
and that death occurred on the date and hour stated above.

that I last saw her alive on **4/19/48** 19...  
Immediate cause of death **Acute heart** Duration:  
**Dissect - valvular - myocardial**  
**regeneration**  
Due to **arteriosclerosis -**  
**Generalized - coronary atherosclerosis**  
Due to **Ch. Bright's disease**  
**Smoking**  
Other conditions **Angioma liver**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**

Of autopsy **none**

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?

While at work?  (Specify type of place)

(e) Means of injury

23. Signature: **J. D. Johnson** (M. D. or other)  
Address **4800 E. 24th** Date signed **4/21/48**

11 01 1984  
4800-0084

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**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 Walter H. Erwin

Licensed Embalmer No. 4352

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.**