

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32118**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5574** Registrar's No. **35**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Kansas City mo		c. CITY (If outside corporate limits, write RURAL and give township) Rural Kansas city mo	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) 103 1/2 Central St -	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 1/2 Central St -			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Rose b. (Middle) Johannes c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) 8 - 29 - 53		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec. 13 - 1882		9. AGE (In years) (Month) (Day) (Year) (Hour) (Min.) 71	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and State or Foreign Country) Paris City, mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Frederick Johannes		13b. MOTHER'S MAIDEN NAME Louise Pleaschka Johnson		14. NAME OF HUSBAND OR WIFE Johannes	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 513-14-0199		17. INFORMANT'S SIGNATURE OR NAME Mrs. Commons		ADDRESS ?	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Stenosis				3 1/2 yrs	
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **May 19 1946**, to **August 3 1953**, that I last saw the deceased alive on **8 - 28 1953**, and that death occurred at **9 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE Doc. J. Clark		23b. ADDRESS 7329 Broadway		23c. DATE SIGNED 8-29-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE 9-1-53		24c. NAME OF CEMETERY OR CREMATORY Wesley Cemetery		24d. LOCATION (City, town, or county) (State) Wesley of Kansas	
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DATE REC'D BY LOCAL REG. 8/31/53		REGISTRAR'S SIGNATURE Dr. Annie E. Hodges		136-0		25. FUNERAL DIRECTOR'S SIGNATURE France - Warnell		ADDRESS Fernel Home	
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K.C. MO

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Russell M. France

Licensed Embalmer No. 71255

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.