

BUREAU OF CUSTOMS

No. _____

APPLICATION FOR AND CERTIFICATE OF REGISTRATION OF ARTICLES TO BE EXPORTED FOR REPAIRS OR ALTERATIONS,
PERSONAL USE, TOURING, ETC., ALSO THEATRICAL EFFECTS, MOVING-PICTURE FILMS, AND TRAVELERS' SAMPLES

PORT OF New York , 6-24-63
(Date)

To the Collector of Customs or Appraiser of Merchandise:

Application is hereby made for inspection and certificate of registration of the following articles to be taken out of the United States, viz:

(This space for use of examiner. If exportation is for repairs or alterations, notation should be made by examiner on both copies as to whether the work to be done is believed to be within the purview of Sec. 10.8, C. R.)

Contaflex Camera 58673
(Describe fully, giving quantity, material, color, type, make, identification numbers, etc. One unmounted photograph may be required)
Lens 2306524

(Use reverse side for remainder of description of articles to be registered)

OWNER Edith Johnson OBTAINED FROM (Dealer) Contley Camera PLACE (Address) Chicago
SENT OR TAKEN ABROAD FOR PURPOSE OF (Repairs, alterations, personal use, touring, etc. If for repairs or alterations, state nature thereof) Personal use

SHIPPED AS (Freight, baggage, etc.) Baggage BY (Carrier or mail) By Air B/L or AWB No. _____ DATE _____
I declare that the above statements are correct and true.
(Signature) Edith M. Johnson (Capacity) owner
(Address) 3918 Cullum, Chicago
PLACE New York TIME 6:15 PM
(Articles must be delivered to appraiser for inspection. If such delivery is impractical for any reason, state place and time when inspection is desired.)

TO THE EXAMINER: You will examine the above-described articles and make your report hereon.
TO THE INSPECTOR: You will supervise the packing, transfer, and lading of the above-described articles, and make your report hereon unless otherwise directed.
_____, Acting Deputy Collector or Appraiser.

PORT OF _____ (Date)

I certify that I have examined the above-described articles and find the articles in all particulars to be as set forth above unless otherwise noted.
6-24-63 H. Chait
(Date) Examiner. Acting Deputy Collector or Appraiser.

INSPECTOR'S REPORT

TO THE COLLECTOR:
I certify that I have supervised the packing and transfer of the above-described goods and found them as described above, except as noted, and supervised the lading thereof on board the _____ on 6-24-63
(Carrier or P. O. Register No.) (Date)
Station Hyde 6-24-63 H. Chait, Inspector.
(Date)

To Whom it may concern:

All letters in this deposit box shall become the property of, and be mailed to:

Dir. Per Hasselgarde, or in the case of his demise, to his heirs
Sjobergsvagen 19, S182 37 Danderyd, Sweden.

Edith M. Johnson
August 18, 1981

BOARD OF EDUCATION

CITY OF CHICAGO

228 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60601

TELEPHONE 641-4141

JOSEPH P. HANNON
GENERAL SUPERINTENDENT OF SCHOOLS

NINA F. JONES
ASSISTANT SUPERINTENDENT
DEPARTMENT OF PERSONNEL
TELEPHONE 641-4200

RAYMOND C. PRINCIPE
DIRECTOR
BUREAU OF TEACHER PERSONNEL
TELEPHONE 641-4220

MAY 25, 1979

DEAR MS. JOHNSON:

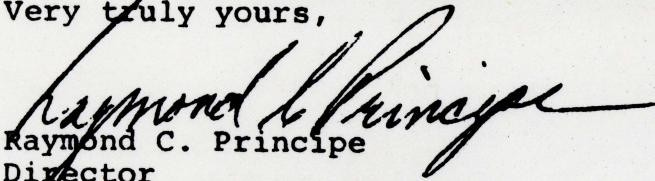
At a meeting of the Board of Education held on 5-23-79, your resignation was accepted to become effective at the close of 6-15-79.

You now have the status of a former teacher. Should you desire to secure information relative to the validity of your certificate in accordance with the rules of the Board of Education, please feel free to write to this office.

Questions pertaining to Pension rights should be directed to the Public School Teachers' Pension and Retirement Fund of Chicago, 228 North LaSalle Street, Room 1440.

As always, our office stands ready to assist you in all matters pertaining to your service in the Chicago Public Schools. Please do not hesitate to call on us at any time.

Very truly yours,


Raymond C. Principe
Director
Bureau of Teacher Personnel

RCP:dp

MS. EDITH M. JOHNSON
5124 N. WINCHESTER
CHICAGO, ILLINOIS 60640

paid #2411

Acc. no.

25

Charge to Miss Edith M. Johnson

Service of Anna Sofia Johnson

Address 3918 W. Cullom Ave
Chicago 18 Illinois

Interment Memorial Park Cemetery

Date April 19th 1963

Casket and Services.....\$ 980.00

Vault 147.00

\$1127.00

Cash Expenditures
Cemetery Charges.....

Death Notices 34.20

Additional Limousines

Flower Car.....

Certified Copies 4.00

Sales Tax 24.28

62.48

Total

\$1189.48

No 74885

Memorial Park Cemetery

GROSS POINT ROAD AT HARRISON STREET
EVANSTON, ILLINOIS

April 19 1963

Received of Edith M. Johnson

One hundred fifteen & no/100 Dollars

Interment # 34381 - Anna S. Johnson

\$ 115.00 CK. OR M. O. CASH Thank You By M. R. Crowley

CENTRAL CEMETERY CO. OF ILLINOIS

MEMORIAL PARK CEMETERY

Ridge Road and Harrison Street
Evanston, Illinois

INTERMENT RECEIPT

REMAINS OF

ANNA S. JOHNSON

Sec. Ever-green Lot SW ¼-19 Gr. 1

BL: 13

Crypt _____ Niche _____

Floor _____ Wall _____

INTERMENT MADE

19 day of April 1963

IT IS IMPORTANT

to preserve this information as it will ever be a means of determining the true location of the remains, should occasion require.

UNDERTAKER

Mee & Ramme

ELEMENTARY
SCHOOLS

MONTHLY REPORT
TO PARENTS

Hawthorne SCHOOL

Report of Scholarship, Attendance, and Deportment of

Edith Johnson Grade *5B*

For Term Ending *June* 19 *24*

Month	First	Second	Third	Fourth	Fifth
English.....	E	E	E		
Reading.....	E	E	E		
Spelling.....	E	E	E		
Writing.....	E+	E	E+		
Arithmetic.....	E	E	E+		
Geography.....	E	E	E		
History.....	E	E	E+		
Music.....	E	E	E		
Drawing.....	E	E	E		
Physical Education.....	E	E	E		
Nature Study.....					
Manual Training.....					
Cooking.....					
Sewing.....					
Half Days Absent.....					
Times Tardy.....					
Times Dismissed.....					
Deportment.....	E	E	E		

Promoted to 7-908

Helen M. Kitch Teacher

E means Excellent.....between 90 and 100
 G means Good.....between 80 and 90
 F means Fair.....between 75 and 80
 P means Poor.....below 75

Parent or Guardian will please sign and return.
See other side of card.

I. INTERNATIONAL CERTIFICATES OF VACCINATION

AS APPROVED BY
THE WORLD HEALTH ORGANIZATION

(EXCEPT FOR ADDRESS OF VACCINATOR)
CERTIFICATS INTERNATIONAUX DE VACCINATION
APPROUVÉS PAR
L'ORGANISATION MONDIALE DE LA SANTÉ
(SAUF L'ADRESSE DU VACCINATUR)

II. PERSONAL HEALTH HISTORY

TRAVELER'S NAME—Nom du voyageur

A. Edith M. Johnson

ADDRESS
ADRESSE

(Number—Numéro)

(Street—Rue)

3918 Cullom Avenue

City—Ville)

Chicago 18

Illinois

County—Département)

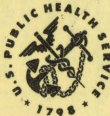
Cook

(State—État)

U.S.A.

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE



45-731
rev. 6-61

READ CAREFULLY
INSTRUCTIONS
Pages 10 and 11

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE**

This is to certify that
Je soussigné(e) certifie que ANNA EDITH M. JOHNSON
whose signature follows
dont la signature suit Anna Edith M. Johnson
has on the date indicated been vaccinated or revaccinated against smallpox.
a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée.

sex F
date of birth 4-2-14
né(e) le

Date	Indicate by "X" whether Indiquer par "X" s'il s'agit de	Signature, professional status, and address of vaccinator Signature, qualité professionnelle, et adresse du vaccinateur	Approved stamp Cachet d'authentification
1a.	Primary vaccination performed } <input type="checkbox"/> Primovaccination effectuée }		1a.
1b.	Read as successful } <input type="checkbox"/> Prise } Unsuccessful } <input type="checkbox"/> Pas de prise }		1b.
2. May 24 1963	<input checked="" type="checkbox"/> Revaccination	<u>Samuel A. Kagan</u> 1918 W. Foster Chicago 40, U.S.A.	
3. 13 May, 1966	<input checked="" type="checkbox"/> Revaccination	<u>D. Broderick</u> Chicago Board of Health	
4.	<input type="checkbox"/> Revaccination		
5.	<input type="checkbox"/> Revaccination		

THE VALIDITY OF THIS CERTIFICATE shall extend for a period of 3 years, beginning 8 days after the date of a successful primary vaccination * or, in the event of a revaccination, on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the country in which the vaccination is performed.


Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

LA VALIDITÉ DE CE CERTIFICAT couvre une période de trois ans commençant huit jours après la date de la primovaccination effectuée avec succès (prise) ou, dans le cas d'une revaccination, le jour de cette revaccination.

Le cachet d'authentification doit être conforme au modèle prescrit par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

* See page 10, item 2.



Anton Carlsson.

Redogörelse över Anton Carlsons andel av köpesumman f. egendom i Hövås.

		Debet	
1915			
kr.	13	Lämnat Anton Carlsson	400 -
	31	An Gotmans avode	47
"	"	" För denna redog. porto och mina bevis	<u>5 -</u>
			405 47
		Anton Carlsons behålln.	<u>311 02</u>
		Summa kronor	716 49

		Kredit	
1915			
Sept	4	En Andel av köpesumman	707 -
kr.	13	" 100 dag. ränta eft 4.5%	8 84
"	31	" 17 dag. ränta " " "	<u>65</u>
		i kronor 307	716 49
		Summa kronor	716 49

1916

Debet

Dec. 31	Av	Godmans arvod	78
"	"	För denna räkna.	<u>250</u>
			328

Antors Calkons behålln.
till år 1917

323 29

Summa kronor 326 57

1916

Kredit

Jan. 1	Pr	Behållning från föreg. år	311 02
Dec. 31	"	Ett års ränta eft. 5%	<u>15 55</u>
			326 57

Summa kronor 326 57



Carl Gustaf Carlsson.

Redogörelse öfver Gåufred Carlsons andel av köpsummans för egendom i Hösås.

1915		Debet
Sept 4	An För minna besvär och kostnaderna vid köpets avslutande	2 -
Dec. 31	" För denna räkn.	<u>1 50</u>
		3 50
	Gåufred Carlsons behålln.	712 69
	Summa kronor	<u>716 19</u>

1915		Kredit
Sept 4	Andel av köpsummans	707 -
Dec. 31	" 117 dag. ränta eft 4%	<u>9 19</u>
		716 19
	Summa kronor	<u>716 19</u>



Anna Jansson

Redogörelse över Fru Anna Janssons andel av köpesumman för egendom i Håås

1915		Debet	
Dec. 31	År	För mina beväro vid köpets avslutande	2 -
"	"	För denna räkning	<u>1 50</u> 3 50
"	"	Fru Anna Janssons behållning till år 1916	<u>712 69</u>
		Summa kronor	<u>716 19</u>

1915		Kredit	
Sept 4	P.	Andel av köpesumman	707 -
Dec 31	"	117 dag. ränta aft 4%	<u>9 19</u> 716 19
		Summa kronor	<u>716 19</u>

1916		Debet	
Jan 18	An utbetalat till Anna Janssons moder	50 -	
Dec. 31	" Gotmans arvode	166	
" "	" För denna räkning	<u>150</u>	5816
" "	" Anna Janssons behållning		<u>69279</u>
	Summa kronor		<u>74595</u>

1916		Kredit	
Jan. 1	Pr Behållning fr. år 1915		71969
" 18	" 18 dag ränta eft 5% å utbetalda 50 kronor		13
Dec. 31	" Ett års ränta å återstående 662,69 kr.		<u>3313</u>
	Summa kronor		<u>74595</u>

WERMLANDS ENSKILDA BANK
AKTIEBOLAG

Telegr.-adr. Wermlandsbank

Säffle den 1 Oktober 1937.

Fru Anna S. Johnson,

Post Restante,

Säffle.

Till svar å Eder förfrågan av gårdagen få vi meddela, att några medel ej funnos in-
nestående vid härvarande kontor för gårdsägare
Axel Karlsson vid dennes död. Däremot fanns ett
visst belopp innestående vid vårt kontor i Nysä-
ter, vilket med tillagd ränta den 3/3 1937 upp-
gick till Kr. 284:35, då det uttogs.

Högaktningsfullt
Wermlands Enskilda Bank
Aktiebolag

W. Johnson

W. Johnson

Aktiebolaget Vänersborgsbanken

TELEGRAFADRESS:
VÄNERSBORGSBANK

Säffle den 1 Okt. 1937.

Fru Anna S. Johnson,

Poste Restanteö Säffle.

Till svar å Edert Ärade av
gårdagen, och sedan vi införskaffat uppgift om,
att Ni är sterbhusödelägare efter avlidne gårds-
ägaren Axel Karlsson, Rolfserud, Säffle, få vi
härmed meddela, att den 10 nov. 1936 innessed
hos oss å ovannämnda persons sparkasseräk-

ning Kr. 115:75,

vartill kommer uppl. ränta pr.

2/3 1937 " 4:52,

tillsammans Kr. 120:27.

Det sistnämnda beloppet lyfta-
des hos oss sistnämnda dato av boutredningsman-
nen.

Högaktningsfullt

~~Aktiebolaget Vänersborgsbanken~~

Abel
Christin



Sv. Sparbanksföreningen
form. 103.

Intyg om behållning.

Härmed få vi på begäran intyga, att å sparbanksboken Ser. - n:r 5311
utfärdad till Verktogsarb. Axel Karlsson, Hösås, Värml. Nysäter -----
den 5 mars 1937 innestod ----- ~~den~~ ~~dag~~ ~~in~~ ~~stå~~

Kronor Femhundra två & 86/100 ----- /502:86/-----

vilket belopp samma dag uttagits och motboken dödats.

Detta intyg skall, för att vara bindande, vara undertecknat av tvänne sparbankens funktionärer.

Säffle

~~KARLSTAD~~

den 8.10 1937

KARLSTADS SPARBANK

N:r 3317

Namn Herr Axel Carlsson
Adress Härnäs

Öbergs Kontolliggare.

Datum	Kassa folio	Uttag.	Insättn.	Fordran	Dagar	R ä n t o r		
						Uttag.	Insättn.	Fordran
1936 Jan 1				1018662	160		25465	
1937 " 1				1044127				
Apr 1		1100 -		934127				
21 Sept 31		934127		- -				
" "				- -		173 2/4		

Den utdraget betygga:

Värmlands Nysäter den 12 Okt. 1937.

Gillberga Past. Sparbank

Carlsson
Postförman

934127
173 2/4
951451