

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3346
Do not use this space.

1. PLACE OF DEATH
 (a) County Livingston Registration District No. 508
 (b) Township _____ Primary Registration District No. 3026 Registered No. 190
 (c) City Chillicothe (d) Street No. 416 Mechanic Street St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isabelle Johnson 525
 (a) Residence, No. 416 Mechanic St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lyman, Illinois
 FATHER 13. NAME Charles Dewey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois
 MOTHER 15. MAIDEN NAME Mary Potter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois
 17. INFORMANT (ADDRESS) Mrs. Charles Kerns Chillicothe, Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 2-10 1938
 19. FUNERAL DIRECTOR (ADDRESS) F. B. Norman Chillicothe, Missouri
 20. FILED Feb 10, 1938 Donald M. Deussen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to Feb 8 1938
 Last saw her alive on Feb 8 1938 Death is said to have occurred on the date stated above, at 3:30am
 The principal cause of death and related causes of importance were as follows:
Acute myocarditis
 Date of onset 1/25/38
 Other contributory causes of importance: Influenza 11/8
 Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy report Where an autopsy? W
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? W
 If so, specify _____
 (Signed) J. M. Russell M.D. M. D.
 (Address) Chillicothe Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

59
1
2

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, E. R. Norman, Licensed Embalmer No. 2374

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by Elton F. Norman, Registered Apprentice No. 79
working under my personal supervision.

Signed

ER Norman

Licensed Embalmer No. 2374

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.)