REC'D MAR 24 1938

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

Dr. Walsh

6776

Do not use this space.

1. PLACE OF DEATH

(a) County Greene — Registration District No. 318

(b) Township — Primary Registration District No. 2001 — Registered No. 134

(c) City Springfield, Mo. (d) Street No. Burge Hosp. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Betty Johnson 525

(a) Residence, No. Route # 6 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23, 1883

7. AGE: ✓ Years 54 Months 8 Days 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
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): Hanburg Germany

FATHER
13. NAME: John Hoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Tinkeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Chas Pennington Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Willow Springs, Mo. Feb. 14, 38

19. FUNERAL DIRECTOR (ADDRESS): H.H. Lohmeyer Funeral Home Springfield, Mo.

20. FILED Feb 14, 1938 Chas A George Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1938 to Feb 12, 1938
I last saw her alive on Feb 12, 1938. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mel	unknown
54	

Other contributory causes of importance:

Gangrenous Toes — Few days
and Cardiac degeneration - arterio sclerosis

Name of operation none Date of
What test confirmed diagnosis? Chemical Was there an autopsy? no

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? no
If so, specify
(Signed) W. T. Walsh, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Paul Z. Schmeyer, Licensed Embalmer No. 2457

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

L. E.

No. 2457 or by Registered Apprentice No.

working under my personal supervision.

Signed Paul Z. Schmeyer

Licensed Embalmer No. 2457

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.)