REC'D MAY 20 1938

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

15190
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston — Registration District No. 512
(b) Township Mooresville — Primary Registration District No. 5679 — Registered No.
(c) City — (d) Street No. 2½ miles NW. Mooresville, Mo. 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 Mary Josephine Johnson 52.5
(a) Residence, No. 2½ miles NW Mooresville, Mo. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1862

7. AGE: Years 75 — Months 8 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Unknown
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Perry Infield
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Jane Moore
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Rhoda Robinson
(ADDRESS) Mooresville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mooresville DATE April 10 1938

19. FUNERAL DIRECTOR F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Apr. 10, 1938 Hazel Stamper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1938

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1938 to Apr. 8th, 1938
I last saw her alive on Apr. 4th, 1938 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis.	
Following Influenza	Mar. 24th 1938

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) A. R. Wilsey, M. D.
(Address) Breckenridge, 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.

STATEMENT BY LICENSED EMBALMER

I, F. B. Norman, Licensed Embalmer No. 1404

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 F. B. Norman

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)