REC'D JUL 20 1938

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

22156

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper — Registration District No. 417

(b) Township — Primary Registration District No. 3021 — Registered No. 47

(c) City Webb City — (d) Street No. 1501 S. JEFFERSON. 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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Hattie Ellen Johnson

(a) Residence, No. 1501 Jefferson 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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 5, 1865

7. AGE: YEARS 72 | MONTHS 6 | DAYS 22 | If LESS than 1 day, ...hrs. or ....min.

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.: 1
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 1

FATHER

13. NAME: Wellington Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Martha Ann Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Ernie Johnson, Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McCune, Kans. Cem. DATE: June 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hedge Nelson, Webb City, Mo

20. FILED JUNE 28-38, 19 — R. Pritchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1938, to June 27, 1938
I last saw her alive on 27, 19.... Death is said to have occurred on the date stated above, at 3:18 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

Other contributory causes of importance:

Chronic Nephritis

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? .....
If so, specify .....
(Signed) C. J. Grigory, M.D.
377 (Address) Webb City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ...

E. W. Hedge ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address West City

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

If this body is not embalmed, above space should be left blank.