

DECEMBER OCT 24 1938

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

22638
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 480
(b) Township Union Primary Registration District No. 4287 Registered No. 16
(c) City La Grange (d) Street No. _____ 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

Mabel Johnson
(a) Residence, No. La Grange, Mo. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27th. 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) La Grange 0
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Goode Farmer 1

14. BIRTHPLACE (CITY OR TOWN) Christiansburg 0
(STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Winfree Ellery

16. BIRTHPLACE (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Missouri

17. INFORMANT Edward Johnson
(ADDRESS) La Grange, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE Sept. 4th. 1938

19. FUNERAL DIRECTOR (NAME) A. A. Roberts
(ADDRESS) La Grange Missouri

20. FILED Sept 4 19 38 W. Ellery
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15 1938, to Sept 2 1938
Last saw her alive on Sept 2 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
46
Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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. Ellery _____, M. D.

(Address) La Grange Mo 432

RECEIVED

District Health Officer No. 10

District File Number 10-38-262

Date Filed 10-12-38

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, _____

September 2nd, 1938, or by _____

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

Signed _____

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri

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.)

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