REC'D JAN 9 1939

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

43680
Do not use this space.

1. PLACE OF DEATH
(a) County Linn 2 Registration District No. 498
(b) Township Primary Registration District No. 4301 Registered No. 14
(c) City Bucklin 1 (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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNA LOUISE JOHNSON
(a) Residence, No. 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 F. M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF THOMAS J. JOHNSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 22, 1860

7. AGE YEARS 78 MONTHS 2 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Mod 14th
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) Shelby County Mo

FATHER
13. NAME THOMAS NEWCUM
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Ky. 1

MOTHER
15. MAIDEN NAME Nancy Ann Tompkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ill. 1

17. INFORMANT (ADDRESS) Mrs. Ethel Walker Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL Bucklin Mo.
PLACE Massaua Centre DATE Dec 27, 1938

19. FUNERAL DIRECTOR (NAME) Larson Funeral Service (ADDRESS) Bucklin Mo

20. FILED 12-21, 1938 J. L. Cantwell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938, to Dec 19, 1938
I last saw her alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Gall Bladder — Date of onset 6-38

Other contributory causes of importance: 46

Name of operation 0 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?
If so, specify No
(Signed) J. L. Cantwell, M. D.
(Address) Bucklin 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.

X14028

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, ...

....., or by .....,

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

Signed C. Larson

Licensed Embalmer No. 4037

P. O. Address Buckley, MI

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.