

REC'D FEB 7 1939

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

2195
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 293
(b) Township Pacific Primary Registration District No. 4177 Registered No. _____
(c) City Missouri Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 525 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eliza Johnson

(a) Residence, No. Pacific Missouri 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Summit Missouri13. NAME Ike Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Judy Minor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Summit Missouri17. INFORMANT (ADDRESS) Ike Johnson HENRY JOHNSON Pacific Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Missouri DATE Jan 29th 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107-09 Finney Avenue20. FILED FEB 10, 1939 Mary B. Cross Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 20 to Jan 25, 1939
I last saw her alive on Jan 21, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Loobar Pneumonia Date of onset Jan 14th 1939

Other contributory causes of importance: NoneName of operation None Date of None
What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 1939
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None M. D.
(Signed) Wm. E. Bartholomew
211 (Address) Pacific - Mo.

SEP 8 1948

STATEMENT BY LICENSED EMBALMER

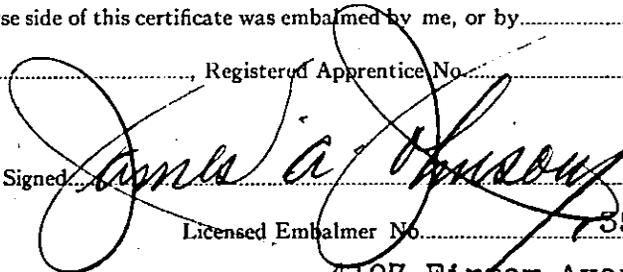
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

3522

P. O. Address..... 4107 Finney Avenue

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.