

APR 20 1939

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

11534
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029 Registered No. 105
 (c) City Hannibal or Hannibal (d) Street No. S. Elizabeths Hospital 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 Rose Johnson

(a) Residence, No. Marion Co. Mo. St. North East of Monroe City, Mo.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira S. Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT 15th 1873</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>Monroe Co</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Thomas Yates</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Edithe Greening</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Ira S. Johnson</u> (ADDRESS) <u>Monroe City Mo RFD #9</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>S.E. Andrews Cemetery</u> PLACE <u>St. Louis, Mo.</u> DATE <u>March 21st 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Wilson & Son</u> (ADDRESS) <u>Monroe City Mo.</u>		
20. FILE <u>Mar 20 1939</u> <u>105</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1939, to March 18, 1939
 I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 7:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Septic Cholecystitis
due to tuberculous focus
subject
 Date of onset 1938

Other contributory causes of importance:
Chronic Tuberculosis
Heart Disease

Name of operation Exploratory Gallbladder 3/3/39
 What test confirmed diagnosis? Cholesterol Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident 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. D. Phelan, M. D.
 (Address) Monroe City Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X10025

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 O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo.

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.