

REC'D MAY 19 1939

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

15128
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 1 Registration District No. 408
 (b) Township Carthage 1 Primary Registration District No. 3020 Registered No. 77
 (c) City Carthage (d) Street No. McCune's Board 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 58 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bettie Johnson
 (a) Residence, No. 616 E. Dean 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. J. Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1854
 7. AGE YEARS MONTHS DAYS 84 8 22 At LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1939
 22. I HEREBY CERTIFY, that I attended deceased from April 1, 1939, to Apr. 28, 1939
 I last saw her alive on Apr. 28, 1939. Death is said to have occurred on the date stated above, at 3 P.M.
 The principal cause of death and related causes of importance were as follows:

Primary carcinoma pyloricis with obstruction
40
 Date of onset _____
 Other contributory causes of importance: ac. auricular fibrillation
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) Lloyd B. Clutter, M. D.
Carthage, Mo. (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zorra, Haute
Indiana 1
 13. NAME Jesse Hoel 4
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 17. INFORMANT (ADDRESS) Marjorie McMilliam
616 E. Dean - Carthage
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burman Cem. DATE May 1, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Martney
Carthage, Mo.
 20. FILED April 29, 1939 E. J. McEntire, Jr. 985 (Address)
Local Registrar

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.

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RECORD WITH OMPADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1050

Date Filed MAY 10 1939

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 Ernest L. Tuell

Licensed Embalmer No. 391

P. O. Address Carehoye

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.