REC'D JUN 19 1939

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

17930
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 2 Registration District No. 912
(b) Township Cuivre 1 Primary Registration District No. 6232a Registered No. 17
(c) City ..... (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 5 WANDA WAUNITA WELLS JOHNSON
(a) Residence, No. ..... 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 Forest Johnson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1909
7. AGE 30 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwf.
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) (STATE OR COUNTRY) Carroll County Mo

FATHER
13. NAME C. E. Wells
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio 0

MOTHER
15. MAIDEN NAME Carrie Ray 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo. 0

17. INFORMANT (ADDRESS) Forest Johnson Vandalia Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Bragmer Mo DATE June 1 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters Vandalia
20. FILED June 1 1939 Carrie F. Utterback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939
22. I HEREBY CERTIFY, That I attended deceased from December 1937, to May 1939
I last saw her alive on January 1939. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney	1938
50	
Other contributory causes of importance:	
Cancer of Breast	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? Palpation 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) Dr. R. L. Marshall, 50
27 (Address) Vandalia 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.

X14023

RECEIVED
District Health Officer No. 10
District File Number 10-39-1118
Date Filed JUN 8 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, Wm B Waters, or by .....

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

Signed Wm B Waters

Licensed Embalmer No. 3325

P. O. Address Vandalia 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.