

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.

REC'D JUN 14 1939

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

18797
Do not use this space.

1. PLACE OF DEATH

(a) County Wapel Registration District No. 1110
 (b) Township Wilem Springs Primary Registration District No. 5341
 (c) City Wilem Springs, Mo. (d) Street No. _____ St.
 (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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Margaret Johnson

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fw 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-17-1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 6 7

8. Trade, profession, or particular kind of work done, as lawyer, 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Waverly Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Waverly Stadgill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Wanda Patton
Wilem Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilem Springs DATE 4-25 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) _____

20. FILED May 25 19 39 Mrs Gladys Foster
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1939, to Apr 24, 1939
 I last saw him alive on Apr 21, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Apr 18/39
 Other contributory causes of importance: 82 yr

Name of operation no 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? no
 If so, specify _____ (Signed) W. D. Johnson M. D.
 (Address) Wilem Springs, Mo

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.....

Licensed Embalmer No.....

P. O. Address.....

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.