

RECORDED JUL 17 1939

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

21835
Do not use this space.

1. PLACE OF DEATH
 (a) County Sedan Registration District No. 163
 (b) Township 130x Primary Registration District No. 5228
 (c) City _____ (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 525 Nancy E Johnson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 Wm E Johnson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 0 14
 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) 1930 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 FATHER 13. NAME Wm Dunn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Elizabeth Ackles
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 17. INFORMANT Miss Walter Rice
 (ADDRESS) Eldorado Springs mo. R. 3
 18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Mo DATE 6/3 1939
 19. FUNERAL DIRECTOR Dunn - Sifers
 (ADDRESS) Eldorado Springs mo
 20. FILED 6-2- 1939 J. W. Dawson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 - 1939
 22. I HEREBY CERTIFY That I attended deceased from May 30, 1939, to June 1, 1939. I last saw her alive on May 30, 1939. Death is said to have occurred on the date stated above, at 4:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
apoplexy
 Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ 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) J. W. Dawson, M. D.
 (Address) 157 Eldorado Springs

(Licensed Embalmer's Statement on Reverse Side)

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 X12004

RECEIVED

District Health Officer No. 7,

District File Number 7-39-102

Date Filed 7-13-39

STATEMENT BY LICENSED EMBALMER

I, W. H. Siders, Licensed Embalmer No. 3250

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

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

Signed W. H. Siders

Licensed Embalmer No. 3250

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.)