

1939 OCT 1

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

32036
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 Registered No. 240
(c) City Fulton (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

Clara 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) — — 1877
7. AGE YEARS 62 MONTHS — DAYS — If LESS than 1 day, hrs. min.
8. Trade, profession, or particular work done, as sawyer, bookkeeper, etc. House Work
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) Missouri

13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Roosevelt Faucett

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Mo. DATE Sept 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Eli Bell
Fulton, Mo.

20. FILED Sept 3 1939 R. N. Creve
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 - 1939
22. HEREBY CERTIFY, That I attended, obtained from Aug 24 1939 to Sept 1st 1939
I last saw her alive on Sept 1st 1939 Death is said to have occurred on the date stated above, at 1:20 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Myocarditis
Date of onset 1939
Other contributory causes of importance:
Myocarditis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Dr. A. Richardson M. D.
529 A corner Fulton, Mo.

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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22
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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.....

Eli Bell

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.