

Registration District No. 411Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3014 Main Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 59 years

3. (a) PRINT FULL NAME Mary Lida Johnson

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or Wh. race _____ 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Henry Clay Johnson 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased August 13 1865
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 6 8 hr. min.9. Birthplace Barnesville Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John Bryant13. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Mary Vandillon
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature X S. H. Johnson(b) Address Joplin, Missouri17. (a) Burial Cem (b) Date thereof 2-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hornet Cemetery18. (a) Signature of funeral director Reynolds Mortuary(b) Address Joplin, Missouri 37019. (a) 2-23-40 (b) E. D. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3014 Main Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1940 hour 4 minute 0 P. M.21. I hereby certify that I attended the deceased from 1935
_____, 19____, to 2-21-____, 1940;
that I last saw her alive on Feb 21____, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral HemorrhageDue to Cardi Cerebral Renal Disease 15 yrs

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Guy J. Warrath (M. D. or other) _____Address 401 Prairie Bldg Date signed 2-23-40

RECEIVED

District Health Officer No. 6,

District File Number 3210-743

Date Filed MAR 8 1940

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Zaphirows

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.