

FILED APR 23 1940
Registration District No. 2027

Primary Registration District No. 3027

Registrar's No. 27

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Sarah Frances Johnson ¹²⁵

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Thomas Johnson 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased November 26, 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>2</u>	<u>28</u>	<u>hr. min.</u>

9. Birthplace Bloomington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Taylor
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Anna Carr
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mattie Shepard

(b) Address Callie St

17. (a) Burial (b) Date thereof 3/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem.

18. (a) Signature of funeral director Arthur Shuman

(b) Address Macon, Mo. 476

19. (a) 4/16/40 (b) Arthur Shuman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1940 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from January 1938 to March 24, 1940
that I last saw her alive on March 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Disease
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations
Of autopsy

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 R. G. Conway (M. D. or other) _____
Address Macon, Mo. Date signed 4/16/40

Duration _____
Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39
Form 1-1939

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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-764

Date Filed APR 9 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

George H. Hill

Licensed Embalmer No. 4064

P. O. Address Union, Ill.

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.