No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18355

Registration District No. 267 Primary Registration District No. 5-4098 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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)
In this community 8 mo. 23 days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Virginia Maud Johnson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ← years
7. Birth date of deceased 9 (Month) 7 (Day) 1932 (Year)
8. AGE: Years | Months 8 | Days 23 | If less than one day hr. min.
9. Birthplace Franklin Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business none
12. MOTHER FATHER Name Oscar Johnson
13. Birthplace Franklin Co Mo (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Minnie Chrisham
15. Birthplace Franklin Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Oscar Johnson
(b) Address St Clair Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cemetery
18. (a) Signature of funeral director Sherwood Mitchell
(b) Address St Clair Mo.
19. (a) May 9, 1940 (Date received local registrar) (b) M. H. Duckworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1940 hour 8 11½ minute a.m.
21. I hereby certify that I attended the deceased from May 21, 1940, to May 30, 1940; that I last saw her alive on May 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Endocarditis	
Due to	
Due to Influenza	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Mitchell (M. D. or other)
Address St Clair Mo Date signed 6/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Sherwood Mitchell

Licensed Embalmer No. 3873

P. O. Address St Clair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.