S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21728

Registration District No. JUL 15 1940

Primary Registration District No. 2001

Registrar's No. 493

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

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: SPRINGFIELD (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Springfield Baptist Hospital (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Rogersville, Mo #2 (If outside city or town limits write "RURAL")

(d) Street No.: 7 mi N. W. Rogersville (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mary Alice Johnson

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: J. R. Johnson

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Sept (Month) 9 (Day) 1870 (Year)

8. AGE: Years 69 Months 8 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Greene Co (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: House Keeper

11. Industry or business: at home 0

FATHER
12. Name: James Pursley
13. Birthplace: Unknown (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Mary Hodge
15. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: J. R. Johnson
(b) Address: R. Grersville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Palmetto

18. (a) Signature of funeral director: J. B. C. Klepper
(b) Address: Ozark Mo.

19. (a) June 5, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1940 hour 4.30 minute 0 M.

21. I hereby certify that I attended the deceased from June 1 1940 June 3, 19 X.o., 19 ____; that I last saw h. alive on June 3, 19 X.o. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organic Heart Disease	
Due to: Unknown	
Due to: Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death): 0	
Major findings: Of operations: 0	
Of autopsy: no 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: M. A. Dezell (M. D. or other)
Address: Springfield Mo Date signed Jun 5/40

(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 B. E. Klepper

Licensed Embalmer No. 2178

P. O. Address Ozark Mo.

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

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

X