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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23031

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 142

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community 27 yrs. years, months or days)

2. USUAL RESIDENCE OF DEACESED:

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

3. (a) PRINT FULL NAME Marguerite A. Johnson

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Laurence Johnson 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb. (Month) 16 (Day), 1913 (Year)

8. AGE: Years 27 Months 3 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife U

11. Industry or business Home U

FATHER
12. Name R. C. Kester
13. Birthplace Nevada (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Amanda Weber
15. Birthplace Near Maryville (City, town, or county) Mo. (State or foreign country)

16. (a) Informant R. C. Kester
(b) Address Bronaugh, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/40 (Month) (Day) (Year)
(c) Place: burial or cremation Deerfield Mo.

18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo

19. (a) May 19 1940 (Date received by local registrar) Allen V. Kurtz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour - 11 minute - A. M.

21. I hereby certify that I attended the deceased from May 16 1940 to Date of death 19..., that I last saw her alive on May 16 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage — Duration

Due to: Flat Influenza

Due to:

Other conditions (Include pregnancy within 3 months of death): Has baby 3 months old

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 H. B. Freeman (M. D. or other)
Address Deerfield Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6/40/25-2
Date Filed 6/25/40

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 Marsh Eichinger

Licensed Embalmer No. 2656-

P. O. Address Nevada 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.