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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23038

Registration District No. 175 — FILED JUL 15 1940 — Primary Registration District No. 3039 — Registrar's No. 146

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: 606 S. Oak (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 47 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Nevada (If outside city or town limits, write "RURAL")

(d) Street No. 606 S. Oak (If rural, give location)

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

3. (a) PRINT FULL NAME Rebecca Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race Black

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

6. (b) Name of husband or wife Henry Johnson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 1, (Month) 1874 (Day) (Year)

8. AGE: Years 65 Months 7 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Isaac Yates
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Henry Johnson

(b) Address Nevada, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ft Scott Kansas

18. (a) Signature of funeral director Terry Funeral Home

(b) Address Nevada, Mo.

19. (a) 5/28/40 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25, year 1940 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from June 28, 1936 ~~May 25~~, 1940, to May 25, 1940; that I last saw her alive on April 5, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocardial failure sudden death	3 am 5-25-40
Due to Chr Coronary disease	
Due to chronic arterio-sclerosis & myocarditis	
Other conditions (Include pregnancy within 3 months of death) 93A'	
Major findings: Of operations None done	
Of autopsy No	

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? 795 (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature R. B. Wray M.D. (M. D. or other)

Address Nevada Mo Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6/44/952
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 R. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada 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.