

Registration District No. 5-49 Primary Registration District No. 4324 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Philadelphia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Rosa M. Johnson 525

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 4 26 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business at home

12. Name Adam Fischer

13. Birthplace Bern, Switzerland Foreign
(City, town, or county) (State or foreign country)

14. Maiden name Maria Wiese

15. Birthplace Bern, Switzerland Foreign
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline Johnson

(b) Address Philadelphia Missouri

17. (a) _____ (b) Date thereof 6-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Mo.

18. (a) Signature of funeral director B. M. Allen

(b) Address Philadelphia Missouri

19. (a) June 7 (b) Matth. Hechmaled
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 31, 1936, to June 5, 1940, that I last saw her alive on June 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration unknown

Due to _____

Due to 46

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? 400

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

23. Signature Dr. C. E. Shivers (M. D. or other) DO

Address Philadelphia, Mo. Date signed June 6, 40

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 impor

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 M Allen*
Licensed Embalmer No..... *2437*
P. O. Address..... *Philadelphia*

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.