

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH28247
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton 2 Registration District No. 175
 (b) Township Salisbury 0 Primary Registration District No. 5242
 (c) City or (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 61 yrs. 9 mos. 12 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

525
 (a) Residence, No. Criminal Jane Johnson St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George T. Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Thomas Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Martha Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Samuel Johnson
Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Asbury Cemetery DATE 8/24 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brooklyn Line
Salisbury Mo

20. FILED 8/22 1940 W. S. Lowkins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to Aug 22, 1940.
 Last saw her alive on Aug 22, 1940. Death is said to have occurred on the date stated above, at 7:40 P.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

Other contributory causes of importance:

Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. S. Lowkins, M. D.

(Address) Salisbury Mo

Date Filed *9-5-40*
District File Number *9-5-40*
District Health Officer No. *8*
RECEIVED

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 *me*
..... Registered Apprentice No.
working under my personal supervision.

Signed *Geo B Winkelmeyer*

Licensed Embalmer No. *2125*

P. O. Address *Salisbury Md*

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.