

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28494

NEW SEP 16 1940

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 648

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:
858 Benton 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 45 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Olson Johnson
(b) If veteran, name war none
(c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Louis Johnson
(c) Age of husband or wife if alive 73 years
7. Birth date of deceased January 17, 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 19
If less than one day hr. min.

9. Birthplace Crocker Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name Isaac Teple
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Coyle
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. J. Odum
(b) Address 298 N. Walnut Springfield

17. (a) Burial (b) Date thereof Aug 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director F. C. Thomas
(b) Address Springfield, Mo.

19. (a) Aug 7, 1940 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 858 Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1940 hour 7 minute A M.
21. I hereby certify that I attended the deceased from 8-5-40
19 , to 8-5-40, 19 ;
that I last saw her alive on 8-5-40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease
Apoplexy
Obesity
Due to Obesity

Duration
8 mo

Due to
Other conditions 93C
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

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 W. E. Handley M.D. (M. D. or other)
Address Springfield, Mo. Date signed 8-5-40

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

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. H. H. H. H.

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, 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.

X