

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mrs. Cune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 57 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 833 Olive St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 24,
year 1940 hour 9:15 PM, minute _____ M.
21. I hereby certify that I attended the deceased from Aug 22
_____ 1940, to Aug 24, 1940,
that I last saw her alive on Aug 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of arteries
in right leg
Due to gangrene 4 days
Due to toxic absorption
from gangrenous area
Other conditions: Senility
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Lophia Johnson
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 _____
6. (b) Name of husband or wife John F. Johnson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15, 1848
(Month) (Day) (Year)

8. AGE: 92 Years 3 Months 10 Days If less than one day _____ hr. _____ min.

9. Birthplace Helsingborg, Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Miss Younggreen
13. Birthplace Sweden
(City, town or county) (State or foreign country)
14. Maiden name Beukta Benson
15. Birthplace Sweden
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Nora Johnson
(b) Address Carthage, Mo.

17. (a) Burial (b) Date thereof Aug 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ruee Mortuary
(b) Address Carthage, Mo.

19. (a) 8/27/40 (b) E. J. Mortner MD
(Date received local registrar) (Registrar's signature)

Major findings: 99W
Of operations _____
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (Country) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature George H. Wood (M. D. or other) MD
Address Carthage Mo Date signed 8/26/40

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 important.

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 Lucy Kneel-Buckner

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.