No. 2
4-13-40
5-17-39
PI X23159

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. 31290

Registration District No. 4226 Primary Registration District No. 3002 Registrar's No. 124

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kings Daughters Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years (Specify whether years, months or days)
In this community 11 years

23 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. Kings Daughter Home.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME SARAH E JOHNSON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Tyler Johnson
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May 1, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	4	16	hr. ____ min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name George Ward
13. Birthplace (City, town, or county) Ohio (State or foreign country)
14. Maiden name Sarah Moonmaw
15. Birthplace (City, town, or county) Ind. (State or foreign country)
16. (a) Informant J. M. Ward
(b) Address Mexico, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 18, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsfield, Ill.
18. (a) Signature of funeral director Chas Arnold
(b) Address Mexico, Mo.
19. (a) Sept 18-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1940 hour 5:20 minute A. M.
21. I hereby certify that I attended the deceased from July 8, 1940, to Sept 17, 1940; that I last saw her alive on Aug 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis — Duration ?
Due to Generalized arteriosclerosis and senility
Due to 97 C
Other conditions (Include pregnancy within 3 months of death) Lacunar infarcts - small cerebral
Major findings: Of operations Cystoscopy - Operation and x-ray
Of autopsy None

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) None
(b) Date of occurrence —
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? No (e) Means of injury No injury
23. Signature Harry F. Brown (M. D. or other)
Address Mexico Mo Date signed 9/18/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-40-1923
Date Filed OCT 18 1940

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 [signature]

Licensed Embalmer No. 3569

P. O. Address Mexico, 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, fact should be so stated above.