

WHILE FLAILING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1924 Booker St 22  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Eliza Johnson  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Tomas Johnson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar 20 1867  
 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Palmira Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
 12. Name No Record  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jepay Johnson  
 (b) Address Hannibal Mo  
 17. (a) Burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)  
 (c) Place: burial or cremation Baptist 10 20-40

18. (a) Signature of funeral director Geo. E Roberts  
 (b) Address Hannibal Mo  
 19. (a) Oct. 23-1940 (b) H. C. Fisher  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion  
 (c) City or town Hannibal  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1924 Booker St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16  
 year 1940 hour 10 minutes 15 A. M.  
 21. I hereby certify that I attended the deceased from Oct 11-16, 1940, to Oct 16, 1940,  
 that I last saw her alive on Oct 16-40, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Intestinal Obstruction</u>	
Due to <u>Peritonitis</u>	
Due to _____	
Other conditions (include pregnancy within 3 months of death)	
Major findings: <u>Refused operation</u>	
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) (a) Means of injury \_\_\_\_\_  
 While at work? \_\_\_\_\_  
 23. Signature H. C. Fisher (M. D. or other) \_\_\_\_\_  
 Address Hannibal Mo Date signed 10/23/40

**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 Geo E Roberts

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.**