

STANDARD CERTIFICATE OF DEATH

35935

State File No.

Registration District No. 609

Primary Registration District No. 5808

Registrar's No. 124

NOV 20 1940

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town NEOSHO - RURAL  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

In this community 21 years

3. (a) PRINT FULL NAME ZELLA BYRD JOHNSON

8. (b) If veteran, name war NO 3. (c) Social Security No. 493-16-5711

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES EDWARD JOHNSON 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased OCTOBER 24 1918 (Month) (Day) (Year)

8. AGE: Years 21 Months 11 Days 14 If less than one day hr. min.

9. Birthplace OTTAWA COUNTY OKLA (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WILLIAM HENRY WRIGHT

13. Birthplace OTTAWA COUNTY OKLA (City, town, or county) (State or foreign country)

14. Maiden name ANNA SEWEL LAMAR

15. Birthplace NEOSHO MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Johnson

(b) Address Granby Route 1, Missouri

17. (a) Burial (b) Date thereon October 10, 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby cemetery

18. (a) Signature of funeral director Orley Thompson

(b) Address Neosho Mo

19. (a) 10-10-40 (b) Orley Thompson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town GRANBY ROUTE 1 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1940 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from June 1, 1940, to Oct 8, 1940 that I last saw her alive on about 2 mo ago, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. B  
Due to not known

Other conditions JJ  
(Include pregnancy within 3 months of death)

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?

54 While at work (Specify type of place) (e) Means of injury

23. Signature RTE Rolous (M. D. or other) Address Granby Mo. Date signed 10-9-40

Duration 2 mo

PHYSICIAN Underline the cause to which death should be charged statistically

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.

Mar 2 1940

RECEIVED

District Health Officer No. 6,

District File Number 1140-2893

Date Filed NOV 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 Gail K. Gray

Licensed Embalmer No. 4155

P. O. Address Neosho, 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.