

**DEC 12 1940**  
Registration District No. **553**

Primary Registration District No. **4325**

Registrar's No. **16**

**1. PLACE OF DEATH:** **Mercer**  
(a) County **Mercer**  
(b) City or town **Mercer**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community **23 Years.** \_\_\_\_\_ (years, months or days)

**3. (a) PRINT FULL NAME** **Martha Frances Johnson**  
**8. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security No.** **None**  
name war \_\_\_\_\_

**4. Sex** **Female** **5. (a) Race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**

**6. (b) Name of husband or wife** **Chas. H. Johnson** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **March 28 1872**  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>67</b> | <b>8</b> | <b>10</b> | _____ hr. _____ min. |

**9. Birthplace** **Indiana**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** **Dayton Shoffner** \_\_\_\_\_

**13. Birthplace** **Indiana**  
(State or foreign country)

**14. Maiden name** **Not Known**

**15. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Minerva Jackson**

**(b) Address** **Weldon Jones**

**17. (a) Removal** \_\_\_\_\_ **(b) Date thereof** **12/9, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Leon Cemetery, Leon Ia.**

**18. (a) Signature of funeral director** **O. O. Beunlee**

**(b) Address** **Beunlee**

**19. (a) Dec 9-1940** **(b) S. P. Davis**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:** **Mercer**  
**Missouri**  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town **Mercer**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
**0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day \_\_\_\_\_  
year **1940** hour **7:30** **AM** M.

**21. I hereby certify that I attended the deceased from** **Dec 1**, 19**40** to **Dec 8**, 19**40**  
that I last saw him alive on **Dec 8**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Myocarditis**  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** **E. Edouard** (M. D. or other) \_\_\_\_\_

**Address** **Beunlee** **Date signed** **Dec 9, 1940**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Ames L.Greenlee L.E.# 3967

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Ames L. Greenlee*

Licensed Embalmer No. 472

P. O. Address *Genevieve St*

**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.**