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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39521

Registration District No. 695 Primary Registration District No. 5922 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville, - Rural, - Pettis
(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 2 (Specify whether
In this community 79 years years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Parkville, (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1, 1 years.

3. (a) PRINT FULL NAME Eliza Jane 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 married
6. (b) Name of husband or wife Charles G Johnson
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Feb (Month) 14 (Day) 1861 (Year)

8. AGE: Years 79 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Parkville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife 0
11. Industry or business 1
FATHER
12. Name John Higgins 1
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Malinda Wilt
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Charles G Johnson
(b) Address Parkville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 1 (Day) 1940 (Year)
(c) Place: burial or cremation Parkville Mo
18. (a) Signature of funeral director Leland H Francis
(b) Address Parkville Mo
19. (a) (Date received local registrar) (b) S. P. Ford 11-4-1940 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1940 hour 8 minute 4 M.
21. I hereby certify that I attended the deceased from June 1940 to Oct 30 1940
that I last saw her alive on Oct 27 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Decompensation	3 weeks
Due to Coronary Thrombosis	3 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

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)
(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)
While at work? (e) Means of injury
23. Signature Underwood Jr (M. D. or other) M.D.
Address Parkville, Mo. Date signed Oct 31, 1940

(Licensed Embalmer's Statement on Reverse Side)

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 Yes

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

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

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