

Registration District No. 913 Primary Registration District No. 5996 Registrar's No. 3

1. PLACE OF DEATH: **St Charles**
 (a) County St Charles
 (b) City or town Rural
 (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 _____
 In this community Life (Specify whether _____)
 years, months or days 2

8. (a) PRINT FULL NAME Ulilia Johnson
 8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Johnson 6. (c) Age of husband or wife 75 years

7. Birth date of deceased Nov 1 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace St Charles Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business 0

12. Name Nichlos Bacon

18. Birthplace St Charles
 (City, town, or county) (State or foreign country)

14. Maiden name Betsy Johnson
 (City, town, or county) (State or foreign country)

15. Birthplace Dont know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. M. K. Schreiber
 (b) Address St Charles Mo

17. (a) Burial (b) Date thereof July 7, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
St Charles

(c) Place: burial or cremation _____
 18. (c) Signature of funeral director Morris Murching
 (b) Address Hamburg Mo

19. (a) 7-7-40 (b) O. R. Buenneman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Charles
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Near Howell Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
 year 1940 hour 10 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from March 15, 1940, to June 5, 1940
 that I last saw her alive on June 5, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease Long Year Aortic insufficiency

Due to Small Debility

Due to _____

Other conditions non
 (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? _____

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

23. Signature A. Leroy Burrard (M.D. or other) _____
 Address Hamburg Mo Date signed 1940

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. 2461
working under my personal supervision.

Signed Mavis Muschay

Licensed Embalmer No. 2461

P. O. Address Hambury road

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.