

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

Registration District No. **801** Primary Registration District No. **442** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Sweet Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
212 North Miller Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution  (Specify whether)  
In this community Twenty one years (Specify whether)  
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Sweet Springs  
(If outside city or town limit, write "RURAL")

(d) Street No. 212 North Miller  
(If rural, give location)  
0

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

3. (a) PRINT FULL NAME MESINDA JOHNSON

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

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

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

7. Birth date of deceased Don't know 1866  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>-</u>	<u>-</u>	<u>✓</u> hr. <u>✓</u> min.

9. Birthplace Herndon Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife 0

11. Industry or business General House Work 9

MOTHER FATHER { 12. Name Don't know 9

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Nancy Williams

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (e) Informant Leona H. Reynolds

(b) Address 212 N. Miller St. Sweet Springs Mo

17. (a) Burial (b) Date thereof Nov 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul

18. (a) Signature of funeral director Jesset Harvey

(b) Address Sweet Springs Mo

19. (a) 11/19/40 (b) RC Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18  
year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from August 29, 1940, to November 15, 1940; that I last saw her alive on November 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis & Hypertension

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

Other conditions g. h. v.  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Leoburn Ellis (M. D. or other) \_\_\_\_\_

Address Sweet Springs, Mo Date signed 11/19/40

**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 one

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

Signed

*Jerrett Arroyo*

Licensed Embalmer No. 2214

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.