

FILED FEB 17 1941

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2407

Registration District No. 250

Primary Registration District No. 445-5348

Registrar's No. 4

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town "Rural" Union Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 Miles North/Gallatin, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 6 Months

3. (a) PRINT FULL NAME Jean Louise Johnson
 3. (c) Social Security No. None
 3. (b) If veteran, name war None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 1 1928
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>13</u>	<u>0</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Student

11. Industry or business Public Schools

MOTHER FATHER
 12. Name Lewis Johnson
 13. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth Cummings
 15. Birthplace Enid Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Stout
 (b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 1-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Heath Cemetery

18. (a) Signature of funeral director Hope Bur. & Und. Co.
 (b) Address Gallatin, Mo.

19. (a) Jan. 20-1941 (b) H. G. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Daviess 31
 (c) City or town "Rural" Union Township 4
(If outside city or town limits, write "RURAL") 0
 (d) Street No. 2 Miles North Gallatin 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
 year 1941 hour 2 minute 45 A. M.
 21. I hereby certify that I attended the deceased from Jan 19
 _____, 1941, to Jan 20, 1941

that I last saw her alive on Jan 19, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Infarction

Due to _____
 Due to _____
3 3/8

Other conditions _____
(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? _____

22
 (Specify type of place) _____
 While at work? _____ (e) Manner of injury _____
 23. Signature M. B. Bailey (M.-D. or other) 2
 Address Gallatin, Mo. Date signed 1-20-41

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.....

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

Signed L. O. Pichessier
Licensed Embalmer No. 3302
P. O. Address Hallatin 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.