

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 2417FEB 24 1942 60  
Registration District No. 60Primary Registration District No. 5362

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County DeKalb  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Several years years, months or days3. (a) PRINT FULL NAME Anna B. 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 Married6. (b) Name of husband or wife B. D. Johnson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Feb. 10 1884  
(Month) (Day) (Year)8. AGE: Years 55 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St Joseph (City, town, or county) (State or foreign country) Mo.10. Usual occupation Housewife11. Industry or business Housekeeping12. Name Frank Gallus13. Birthplace Austria (City, town, or county) (State or foreign country)14. Maiden name Mary Hecker 15. Birthplace Austria (City, town, or county) (State or foreign country)16. (a) Informant's own signature Bert Johnson(b) Address DeKalb17. (a) \_\_\_\_\_ (b) Date thereof 1-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Olive Cemetery, Memphis18. (a) Signature of funeral director St. Olive(b) Address Stewartville Mo19. (a) 1-24-41 (b) Mildred McMill  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. \_\_\_\_\_ (If rural, give location) A

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Jan day 23  
year 1941 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration ?

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)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? 35

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

(e) Means of injury Car23. Signature L. E. Rackford (M. D. or other) MDAddress Union Mo Date signed 1/24/41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**