No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9930

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County Audrain 4

(b) City or town Mexico 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 617 S. Clark St. 1
(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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico 2
(If outside city or town limits, write "RURAL")

(d) Street No. 617 S. Clark St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jennie Beagles Johnston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Noah S. Johnston

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December (Month) 27 (Day) 1857 (Year)

8. AGE: Years 83 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Audrain County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER 12. Name James S. Beagles

13. Birthplace (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER 14. Maiden name Maria Little

15. Birthplace (City, town, or county) Va. 1 (State or foreign country)

16. (a) Informant Mrs. P.E. Coil

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 7, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Mo.

19. (a) March 7 1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1941 hour 6 o'clock minute A M.

21. I hereby certify that I attended the deceased from February 1 1940 to March 6th 1941 that I last saw her alive on March 6th 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 day
Due to toxemia--hypertension	2 Months
Due to Carcinoma of right breast	14 Months
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings: Of operations growth removed from breast in 1929 for diagnostic purposes- found Carcinoma. Of autopsy no 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? 2 3

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

23. Signature Paul E Coil (M. D. or other) MD

Address Mexico, Missouri. Date signed 3/6/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-770
Date Filed APR 14 1941

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 Earl E. Precht, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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, fact should be so stated above.