

FILED APR 7 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DouglasRegistration District No. 281Township WashingtonPrimary Registration District No. 5400City R. Avas(No. 1)St. 0 Ward 0File No. 10567Registered No. 312. FULL NAME Laura Amanda Johnson(a) Residence, No. 1 St. 0 Ward 0

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJ. H. Johnson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1867

7. AGE

YEARS 73MONTHS 4DAYS 26If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

FATHER

13. NAME Luke Harrington14. BIRTHPLACE (CITY OR TOWN) La.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Ann Aswell16. BIRTHPLACE (CITY OR TOWN) La.
(STATE OR COUNTRY)17. INFORMANT Stella Johnson Morrison
(ADDRESS) Springfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Goodhope DATE 3-17-4119. UNDERTAKER Friends
(ADDRESS)20. FILED 3-20 1941 Rebekah White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 194122. I HEREBY CERTIFY, That I attended deceased from
Sept 1st, 1940 to Mar 13, 1941I last saw her alive on Mar 12, 1941 Death is saidto have occurred on the date stated above, at 9: A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer liver

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. G. Gentry M. D.(Address) Roa Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

M. J. L. ...

RECEIVED

District ... Officer No. 6,

District File Number 441-511

Date Filed APR 2 1941

Registration District No. 281

Primary Registration District No. 2400

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Washington
(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 (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Laura Amanda Johnson

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wed

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 26 If less than one day hr

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

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

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-20-1941 (b) Rebra King White (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Douglas
(c) City or town Rva mo R48
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Duration

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?

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

23. Signature J. L. Gentry (M. D. or other)

Address Rva, mo Date signed

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

SUPPLEMENTAL

S-10567 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.....
....., 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, fact should be so stated above.