

No. 2
5-17-39
PI X21492

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17739

Registration District No. 293 Primary Registration District No. 4177 Registrar's No.

1. PLACE OF DEATH: Franklin Co
(a) County
(b) City or town PACIFIC MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: First St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community one year years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 36
(c) City or town V (If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 6
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME ROBERTA JOHNSON
(b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8th
year 1941 hour 5 minute 0 A.M.

4. Sex FEMALE 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Henry Johnson 6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 6th 1941 to April 8th 1941
that I last saw him alive on April 7th 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris Duration 2 days

8. AGE: Years 46 Months 1 Days 1 If less than one day _____ hr. _____ min.

Due to Arterio sclerosis 1 year.
Due to V

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

Other conditions V (Include pregnancy within 3 months of death) 94/2

10. Usual occupation Domestic

Major findings: V Of operations V Of autopsy V PHYSICIAN _____ Underline the cause to which death should be charged statistically.

11. Industry or business At Home

12. Name Lill Gillis

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

14. Maiden name Unknown

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

16. (a) Informant Henry Johnson

(b) Address Pacific Mo

17. (a) Burial (b) Date thereof April 15 '41 (Month) (Day) (Year)

(c) Place: burial or cremation: Pacific Mo

18. (a) Signature of funeral director L. V. Atkins

(b) Address 3644 Finney Ave

19. (a) 4-9-41 (b) M. G. B. Jones (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) V
(b) Date of occurrence V
(c) Where did injury occur? V (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? V

266 (Specify type of place) V While at work? (c) Means of injury V
28. Signature Wm E. Bartholomew M. D. or other V
Address Pacific Mo Date signed 4-15-41

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

110
14
10
11

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 complete the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17739

Registration District No. 293

Primary Registration District No. 4177

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(If outside city or town limits, write "RURAL" and name of township)
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Pacific
(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 _____

3. (a) PRINT FULL NAME Roberta Johnson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 8
year _____ hour _____ minute _____ M.

4. Sex F 5. Color or race Depr
6. (a) Single, widowed, married, divorced m
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) _____

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 _____

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____

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 _____

19. (a) 4-10-41 (b) Mary B. Gross
(Date received local registrar) (Registrar's signature)

23. Signature Henry T. Barthling (City or town) _____
Address Pacific Mo Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-17739