

17-39
I X23159

State File No. _____

Registration District No. 26

Primary Registration District No. 300 2

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E Railroad St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. E Railroad 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME PAULINE KRISTINA JOHNSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Black 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 Dec. 25 - 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Jim Henry Johnson

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

14. Maiden name Ann Taylor

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

16. (a) Informant Jim Henry Johnson

(b) Address Mexico Mo.

17. (a) Burial (b) Date thereof June 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director W. C. Hunter

(b) Address Mexico Mo.

19. (a) June 10 1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 23, 1941, to June 8, 1941, that I last saw her alive on June 8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & myocardial degeneration Duration 2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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? Yes (Specify type of place) (e) Means of injury _____

23. Signature R. E. Maxwell (M. D. or other) MD

Address Mexico, Mo Date signed 6/9/41

JUL 7 1941

OFFICE OF THE
STATE BOARD OF HEALTH
200 N. 15th St.

Handwritten notes and signatures at the top of the page.

Handwritten text, possibly a name, in the middle of the page.

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

Ray A. McPherson

Licensed Embalmer No. *1133*

P.O. Address: *Mexico City*

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.