

No. 2
4-13-40
5-17-39
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DEPARTMENT OF THE CENSUS
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21978

State File No.

Registration District No.

Primary Registration District No. 5605

Registrar's No. 39

2000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 19 1941
4/40

1. PLACE OF DEATH:

(a) County Knox, Missouri

(b) City or town Newark, Rural
(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 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

(c) City or town Newark, Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mary Louisa Johnson

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

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

6. (b) Name of husband or wife William Johnson 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 27 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sumner

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

14. Maiden name Sally

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

16. (a) Informant Amy Warmoth

(b) Address Newark, Missouri

17. (a) Burial (b) Date thereof June 8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark

18. (a) Signature of funeral director Thomas Bell

(b) Address Evans, Mo.

19. (a) June 8 1941 (b) Mo. C.M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on June 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Again heart failure Duration _____

Due to Arteriosclerosis

Due to 10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 395

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

23. Signature Fred McQuinn (M. D. or other) 0

Address Knox City Mo Date signed 6-7-41

1941 - 6
1945 - 5 - 7
76 10 9

RECEIVED

District Health Officer No. 10

District File Number 1-41-1326

Date Filed JUL 16 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, Mo.

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.