

FILLED JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22438

Registration District No. 698

Primary Registration District No. 698  
5927

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Platte Missouri  
(b) City or town Rushville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RR #1 Rushville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 8 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Elizabeth Pauline Johnson  
3. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Paul Johnson 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Feb 3 1893  
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home maker

11. Industry or business Home

MOTHER FATHER  
12. Name Bernard Rubnke  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Bertha Wallnick  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Johnson  
(b) Address RR #1 Rushville

17. (a) Burial (b) Date thereof 6/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Olive Troy Kans

18. (a) Signature of funeral director Samuel Douglas  
(b) Address Atchison, Kansas

19. (a) 6/6/41 (b) JTB  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. RR #1 Rushville (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 5 1941 to May 30 1941;  
that I last saw her alive on May 30 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 6 mo

Due to Generalized arteriosclerosis with hypertension 5 yrs

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 420

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
628 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edwin T. Stueff (M. D. or other) 0  
Address Atchison, Kansas Date signed 6-6-41

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

**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 \_\_\_\_\_

me 5-1-24, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

W. J. Stuebinger  
Licensed Embalmer No. 3173

P. O. Address Atchison

**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, above space should be left blank.**