

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24824

State File No. _____

FILED AUG 14 1941

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Spgs Mo.
(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 _____
In this community 47 yrs. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 020
(c) City or town El Dorado Spgs Mo
(d) Street No East Thompson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME SARAH ANN JOHNSON

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

4. Sex Female 5. Color or race white 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 years
7. Birth date of deceased Mar 11 1855 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Kearney 13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name unknown 15. Birthplace unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant John Johnson

(b) Address East Thompson El Dorado Spgs Mo

17. (a) Burial (b) Date thereof July 28 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem El Dorado Spgs Mo

18. (a) Signature of funeral director Carolyn Nappo (b) Address 206 S. Main El Dorado Spgs Mo

19. (a) 7-27-41 (b) E. W. Dawson (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 26 1941 year hour 10:10 minute 26 M.

21. I hereby certify that I attended the deceased from March 1941 to July 26 1941 that I last saw her alive on July 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial disease Duration _____

Due to _____

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? _____ (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 Bill Crawford (M. D. or other) Address El Dorado Spgs Mo Date signed July 28 1941

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

RECEIVED
District Health Officer No. 71
District File Number 8-41-1276
Date Filed 8-8-41

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 Mrs Carolyn Nabris
Licensed Embalmer No. 2635-
P. O. Address El Dorado Spgs m

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.