

0. 2
-4-41
7-39
X263

Registration District No. **471**

Primary Registration District No. **5634**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Monett, Surce Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
813 9th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **1** years, months or days)

3. (a) PRINT FULL NAME **Sarah V. P. Johnson**

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

4. Sex **Female** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **John R. Johnson**
6. (c) Age of husband **Dead** years
7. Birth date of deceased **Nov. 17, 1846**
(Month) (Day) (Year)

8. AGE: Years **94** Months **8** Days **14** If less than one day hr. min.

9. Birthplace **Romley, West Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business
12. Name **James Parsons**
13. Birthplace **W. Virginia** (State or foreign country)
14. Maiden name **Elizabeth Miller**
15. Birthplace **Don't Know** (State or foreign country)

16. (a) Informant **Mrs. J. H. Hornback**
(b) Address **813 9th. St., Monett, Mo.**
17. (a) **Removal** (b) Date thereof **Aug. 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Shaw, Kans.**

18. (a) Signature of funeral director **Callaway**
(b) Address **Monett, Mo.**
19. (a) **Aug 4-41** (b) **C. B. Wright**
(Date received local registrar) (Registrar's signature)
422 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**
(c) City or town **Monett**
(If outside city or town limits, write "RURAL")
(d) Street No. **813 9th. St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **1**
year **1941** hour **9:00** minute M.
21. I hereby certify that I attended the deceased from **July 18**
19**41** to **Aug 1** 19**41**
that I last saw h. e. alive on **July 31** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory embolism over 12 days**
Myocarditis chronic
Myocardial degeneration
non rheumatic
Due to **93A**
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? (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
23. Signature **Frank R. MPO** (M. D. or other)
Address **Monett, Mo.** Date signed **7/11/41**

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

005

RECEIVED

District Health Officer No. 6,

District File Number 841-1364

Date Filed AUG 1 1949

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. 2046

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.