

FILED AUG 11 1941

Registration District No. 264

Primary Registration District No. 3032

State File No. _____

Registrar's No. 222

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Bedalia
 (c) Name of hospital or institution: Postwar Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community about two days -
 years, months or days

3. (a) PRINT FULL NAME Zora May Johnson
 3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Husband dead 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 26th 1875
 (Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Pettis Co - Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Daniel Haywood

13. Birthplace Pettis Co Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mollie Pemberton

15. Birthplace Pettis Co Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie Donahue

(b) Address Bedalia Missouri

17. (a) Burial (b) Date thereof 7-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge

18. (a) Signature of funeral director H. F. Sanchez

(b) Address 211 W. 11th St

19. (a) 7-8-41 (b) Mrs Harry Sneed
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Green Ridge
 (If outside city or town limits, write "RURAL")
 (d) Street No. None (If rural, give location)
 (e) If foreign born, how long in U. S. A.? no - 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
 year 1941 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 5th
 _____, 1941 to July 7th, 1941
 that I last saw her alive on July 7th, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Depression of urine
 Due to Fall from Hay Soft
July 12th 1941 - 3 Pm
 Due to _____

Other conditions Fractured Pelvis
 (Exclude pregnancy within 3 months of death)
Fracture of Both Forearms

Major findings: _____
 Of operations _____
 Of autopsy None 1962
11
20

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence July 5th 1941
 (c) Where did injury occur? Her home Hay Soft
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at her home
 While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature Mrs. Oueline M. D. (M. D. or other) _____
 Address Bedalia mo Date signed 7-7-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 8-6-4
Date Filed

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 Paul M. Mroy

Licensed Embalmer No. 3923

P. O. Address La Motte

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.