

Registration District No. 390

Primary Registration District No. 5547

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Iron (b) City or town BRUNOT, MO. (c) Name of hospital or institution: (d) Length of stay: In hospital or institution 60. (e) Citizen of foreign country? (Yes or No)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County IRON (c) City or town BRUNOT (d) Street No. MILE NORTH of BRUNOT (e) Citizen of foreign country? (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 11 year 1941 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from 12-18-1940 to 4-11-1941 that I last saw her alive on April 11 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration

Due to

Due to

Other conditions Nephritis

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 (M.D. or other) Date signed 9-11-41

3. (a) PRINT FULL NAME MARTHA JANE JOHNSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED (b) Name of husband or wife WILLIAM W JOHNSON (c) Age of husband or wife if alive years 6. (d) Birth date of deceased DEC 17 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business Home

12. Name James Parker

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

14. Maiden name Calyanna Gregory

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

16. (a) Informant William W Johnson

(b) Address Brunot Mo

17. (a) Burial (b) Date thereof Apr. 13 1941 (Month) (Day) (Year)

(c) Place: burial or cremation near Brunot

18. (a) Signature of funeral director W. W. Bush

(b) Address Piedmont Mo

19. (a) Date received local registrar Oct-6 (b) Registrar's signature B. C. Hunter

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

OCT 7 1941

OCT 27 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 Me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Norman W. Gish  
Licensed Embalmer No. 3387  
P. O. Address Piedmont 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.**