

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

FILED OCT 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Five Days
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Diamond R# 1.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Opal Dora Johnson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Aug. 16 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Reeds Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER { 12. Name Henry Hood

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

14. Maiden name Eddora Willoughby

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

16. (a) Informant Fred Johnson

(b) Address R# 1. Diamond Mo.

17. (a) Burial (b) Date thereof Sept. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) 9-24-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1941 hour 8 A.M. minute 30 M.

21. I hereby certify that I attended the deceased from
Aug. 25 1941 to Sept. 22 1941;
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic Peritonitis ✓

Due to Fibroid Tumor of Uterus ✓

Due to Bilateral Ovarian Abscess ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Peritonitis
Ovarian Abscess
Of autopsy _____

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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Dr. C. M. Dutt (M. D. or _____)
Address Joplin Mo. Date signed 9/23/41

Duration

30 Days

5 Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-10-851

FEB 18 1948

JUL 27 1945

JUN

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage Mo*

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.

STANDARD CERTIFICATE OF DEATH

State File No. 31812

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME Opal W. Johnson

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 16 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 1 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 9-24-41 (b) Ed James
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 1941 year. hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I saw as well as _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death acute peritendinitis

Due to fibroid tumor of uterus

Due to not puerperal + not malignant

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Confirmed by Biopsy Report

Of operations _____

Of autopsy 568

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

S-31812 1941