S. No. 2
I—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34503

FILLED NOV 14 1941 104

Registration District No. 103-1 Primary Registration District No. 3008 Registrar's No. 288

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton Rt. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 521 Linn St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CARRIE-JOHNSON
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 24 (Day) 1888 (Year)
8. AGE: Years 52 Months 9 Days 29 If less than one day hr. min.
9. Birthplace Callaway County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Jeff Rollen
13. Birthplace ? (City, town, or county) ? (State or foreign country)
14. Maiden name Eliza Robinson
15. Birthplace ? (City, town, or county) ? (State or foreign country)
16. (a) Informant Records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 23 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City Sunset View Cemetery
18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton Mo
19. (a) 10/23-41 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Oct year 1941 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Oct 21, 1941, to Oct 23, 1941; that I last saw he alive on Oct 23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	2 days
Due to acute cardiac decompensation	30 days
Due to Luetic heart disease	5 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 30 d	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. C. Burch (M. D. ~~or other~~)
Address State Hospital #1 Date signed 10-23-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1947

DEC 8 1947

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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.