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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1942

Registration District No. 73

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 5874

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 109 N. 2nd St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. 109 N. 2nd St. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME HATTIE JOHNSON

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife James Johnson

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

7. Birth date of deceased 2-14-1869 (Month) (Day) (Year)

8. AGE: Years 73 Months — Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Calloway Co. (City, town, or county) Mo. U (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —— (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace —— (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Brown
(b) Address Joliet Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton Mo. R.F.D. #1

18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri

19. (a) 2/25/42 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1942 hour 4 30 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Feb 18 Feb 18, 1942, to Feb 24, 19..; that I last saw her alive on Feb 24, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Rheumatic Infection	
Due to	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	
Major findings: Of operations 95 b	
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 U

23. Signature W R Arthur (M. D. or other)
Address 106 N. 1st St. Date signed 2/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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, above space should be left blank.