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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10954

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1235 South Main 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 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1235 South Main St 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Jennie Johnson

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr Frank Johnson Sr 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Dec (Month) 5 (Day) 1850 (Year)

8. AGE: Years 91 Months 3 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant H. S. Stillwell
(b) Address 515 Delaware, S.E., Mpls., Minn.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt Washington

18. (a) Signature of funeral director Otto E. Mitchell
(b) Address 310 N. Main St Independence Mo

19. (a) 3-23-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 5 AM minute ..... M.

21. I hereby certify that I attended the deceased from Several years ....., 19.... to March 20, 1942 that I last saw her alive on March 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92b

Major findings:
Of operations
Of autopsy none

Duration

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) no
(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 John R. Green (M. D. or other) 0
Address Independence Mo Date signed Mar 21 '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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence, 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.