

FILED APR 14 1942

477406

Registration District No. ....

Primary Registration District No. ....

4240

Registrar's No. ....

3

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carl Junction  
(c) Name of hospital or institution:  
Joplin Street  
(d) Length of stay: In hospital or institution 43 years  
In this community 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Carl Junction  
(d) Street No. Joplin Street  
(e) Citizen of foreign country? No

3. (a) PRINTED FULL NAME Mrs. Bertha Ann Johnson

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife B. A. Johnson 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 6 1885

8. AGE: Years 57 Months -- Days 2 If less than one day hr. min.

9. Birthplace Barry County Missouri

10. Usual occupation housewife

11. Industry or business

12. Name William Fare  
13. Birthplace no data  
14. Maiden name unknown  
15. Birthplace no data

16. (a) Informant Mrs. Katherine Kelly Dau.

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 3/11/42

(c) Place: burial or cremation Carl Jct. Cemetery

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Mo.

19. (a) Mar. 19, 1942 (b) Mrs. Lillie Lagle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from March 6 1942 to March 8 1942  
that I last saw her alive on March 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature Mrs. F. B. Bessel (M. D. or other)

Address 116 1/2 N. Main Webb City, Mo.

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

49  
3  
0

1180

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: *[Handwritten Signature]*  
Licensed Embalmer No. *2859*  
P. O. Address *[Handwritten Address]*

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.