

FILED APR 13 1942

Registration District No. 477

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4286

11191

State File No. ....

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Canon town  
(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 1  
In this community 15 year (Specify whether years, months or days)

3. (a) PRINT FULL NAME Blaude Johnson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John H. Johnson 6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased July 20 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name Robert Logan  
13. Birthplace Unknown Pennsylvania (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ballman  
15. Birthplace Madison New York (City, town, or county) (State or foreign country)

16. (a) Informant William O. Johnson  
(b) Address Canon, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 19 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Canon Mo.

18. (a) Signature of funeral director Earl S. Buckley  
(b) Address Canon Mo.

19. (a) 3/19/42 (Date received local registrar) (b) P. W. Jennings (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 056  
(c) City or town Canon 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 Jamison (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1942 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-13, 1942 to 3-17, 1942 that I last saw her alive on 3-16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 4 da

Due to Septic Pericarditis fur mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

23. Signature Dr Earl Poole (M.D. or other) D. O.  
Address Canon Date signed 3/19/42

RECEIVED

District Health Officer No. 10

District File Number 4-9-712

Date Filed APR - 9 1942

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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 Earl A. Parkley

Licensed Embalmer No. 2615

P. O. Address Camden, 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.