

S. No. 11-10-37  
v. 5-17-39  
X21492

FILED MAY 11 1942

14473

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 380

Primary Registration District No. 55304224

Registrar's No. 4

AUG 3 1942

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

45  
3  
0

**1. PLACE OF DEATH:**  
 (a) County Howard  
 (b) City or town New Franklin, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home near New Franklin, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 55 years  
years, months or days

3. (a) PRINT FULL NAME Lucinda Johnson  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Black  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>			hr. _____ min.

9. Birthplace Columbia, Boone Co, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Johnnie Johnson  
 (b) Address New Franklin, Mo.

17. (a) Burial (b) Date thereof 4-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Rethel Cem.

18. (a) Signature of funeral director J. J. McArthur  
 (b) Address Boonville, Mo.

19. (a) Apr. 20, 1942 (b) Thomas S. Penny  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Howard  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th  
 year 42 hour 8.40 minute A. M.

21. I hereby certify that I attended the deceased from April 4  
1942 to April 15, 1942  
 that I last saw her alive on April 14, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block  
 Due to Senility  
 Due to \_\_\_\_\_

Other conditions 95a  
(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? \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_

23. Signature M. S. McArthur (M. D.) or other \_\_\_\_\_  
 Address Boonville Mo. Date signed 4/17/42

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

1224 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
MAY 30 1942

LIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-9-42

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 C. L. Delane

Licensed Embalmer No. 1399

P. O. Address Highland

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.