

FILED MAY 14 1942
Registration District No. 483

Primary Registration District No. 4274

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Higginsville, Mo.
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution:
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Higginsville Mo.
(d) Street No.:
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Bettie Johns Johns
3. (b) If veteran, name war: —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 14th.
year 1942 hour 11 minute 7 M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph Johns
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Oct-19-1862

21. I hereby certify that I attended the deceased from April 13 1942 to April 14 1942
that I last saw her alive on April 14 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 5 Days 25
If less than one day hr. / min.

Immediate cause of death Angina Pectoris
Due to Chronic Myocarditis
Due to:

9. Birthplace Alabama
10. Usual occupation House-wife

Other conditions Hypertension
Major findings: Of operations None
Of autopsy None

11. Industry or business:
12. Name William Melton
13. Birthplace Alabama
14. Maiden name Jamie Procter
15. Birthplace Alabama

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)
(e) Means of injury DM

16. (a) Informant Paul Johns
(b) Address Higginsville, Mo. P. O. F. D.
17. (a) Burial (b) Date thereof 4-16-1942
(c) Place: burial or cremation Higginsville, Mo.
18. (a) Signature of funeral director Alfred Hoefer & Sons
(b) Address Higginsville, Mo.
19. (a) Apr. 16 1942 (b) Dr. W. A. Braecklein

23. Signature Edmond ... (M. D. or other) DM
Address Higginsville, Mo. Date signed 4-15-42

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 5-13-42

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 Alfred H. Hoefler

Licensed Embalmer No. 539

P. O. Address Higginsville, 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.