

Registration District No. 227

Primary Registration District No. 5453

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Grundy  
(b) City or town Galt Rural Liberty Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy 40  
(c) City or town Galt Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARIA MYRTLE JOHNSON

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Earnest Johnson 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased Oct 19 1895  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 8 11 hr. min.

9. Birthplace Grundy Co Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER { 11. Industry or business.....

12. Name Robert Barnett  
13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Shanen  
15. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Johnson  
(b) Address Galt Mo  
17. (a) Burial (b) Date thereof July 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black oak  
18. (a) Signature of funeral director PK Paymer  
(b) Address Galt Mo

19. (a) July 2, 1942 (b) Jada W Hoffman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1942 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from June 31 1942  
11 AM to June 28 1942  
that I last saw her alive on June 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Esophagus  
Primary  
Due to Carcinoma of stomach  
which was removed  
Duration 6 Mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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? 0 (Specify type of place) (e) Means of injury.....  
23. Signature J. J. Martin (M. D. or other) 0  
Address Galt Mo Date signed 7/1/42

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

40  
00

**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..... *PK Payne Jr* .....  
Licensed Embalmer No..... *3400* .....  
P. O. Address..... *Galt* .....

**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.**