DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

Registration District No. 347

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21285

Primary Registration District No. 4207

Registrar's No. 134

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

1. **PLACE OF DEATH:**
(a) County Henry
(b) City or town Calhoun
(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 years, months or days)
In this community 75 yrs.

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Henry 12
(c) City or town Calhoun 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minerva J. Johnson.
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female | 5. Color or race White | 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 Dec (Month) 4 (Day) 1854. (Year)

8. AGE: Years 87 | Months 6 | Days 5. | If less than one day hr. min.

9. Birthplace Round Head (City, town, or county) Ohio. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Gilbert [redacted] Hudson
13. Birthplace Ogdale (City, town, or county) Ohio 1 (State or foreign country)
14. Maiden name Margaret A. Suder.
15. Birthplace Athens (City, town, or county) Ohio. 1 (State or foreign country)

16. (a) Informant Addie Johnson
(b) Address Calhoun Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 11 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. A. Housley
(b) Address Calhoun Mo

19. (a) June 10, 1942 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature)

1069

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 9th
year 1942 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 10 1942 to June 9th 1942 that I last saw h.e alive on June 9th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	
Due to Paralysis	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. A. Bevard (M. D. or other)
Address Calhoun Mo Date signed Jun. 9. 42

(Licensed Embalmer's Statement on Reverse Side)

STANDARD CERTIFICATE OF DEATH

RECEIVED
District Health Officer No. 7,
District File Number 7-42-205
Date Filed 7-7-42

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 [redacted], Registered Apprentice No. ....., working under my personal supervision.

Signed J A Housley

Licensed Embalmer No. 35-02

P. O. Address Calhoun 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.

V. S. No. 2B
10M—8-21-41
X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 21285

Registration District No. 347 Primary Registration District No. 4207 Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Calhoun

(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 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minerva J. Johnson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 4 (Day) 1854 (Year)

8. AGE: Years	Months	Days	If less than one day
87	6		hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day

year 1942 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Paralysis
Due to Paralysis Agitans
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed