

FILED JUL 16 1942

Registration District No. 796

Primary Registration District No. 6038-10039

Registrar's No. 93

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

97
0
0

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Rural
(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 All the life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

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

(d) Street No. ✓ (If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES F. JOHNSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to June 6, 1942
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female / race W.

5. Color or race W.

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

6. (b) Name of husband or wife Robert W. Johnson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 13 1885
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion, or cerebral hemorrhage

Due to Essential hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>56</u> | <u>6</u> | <u>23</u> | _____ hr. _____ min. |

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

10. Usual occupation House Keeper

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Frank Fullerton

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

14. Maiden name Martha E. Russell

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

16. (a) Informant Robert Davis Johnson

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof June 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem

18. (a) Signature of funeral director Campbell-Russ

(b) Address Marshall Mo.

19. (a) 6-8/42 (b) M. O. Westcott
(Date received local registrar) (Registrar's signature)

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 Blair M. D. (M. D. or other) ✓

Address Marshall Mo. Date signed 6-8-42

RECEIVED

Health Officer No. 8,

File Number _____

Date Filed 2-14-42

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 Jan H. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall 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.