

22544

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 8 1942

Registration District No. 701

Primary Registration District No. 6210

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rogersville West Valley
(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 years, months or days) 73 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rogersville Mo.
(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.? _____ years.

8. (a) PRINT FULL NAME Mary O'Telia Johnson

3. (b) If veteran, name war _____

8. (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 Isaac

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

7. Birth date of deceased Feb. 17 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Barton

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

14. Maiden name Simmerman

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

16. (a) Informant's own signature Mr Isaac Johnson

(b) Address Rogersville Mo

17. (a) Burial (b) Date thereof June 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation panther Valley Cem.

18. (a) Signature of funeral director Kelley-Schub

(b) Address Rogersville Mo.

19. (a) 6-20-1942 (b) Luie O'Boyle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1942 hour 12 minute 45 p.A.M.

21. I hereby certify that I attended the deceased from 3-24, 1942 to 6-11, 1942
that I last saw her alive on 6-11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 6 mo.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) #6

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature Howard J Mason (M. D. or other) Dr
Address Fordland Mo Date signed 6-19-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X1051

RECEIVED
District Health Officer No. 6,
District File Number 742-905
Date Filed JUL 7 1942

Handwritten notes:
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Handwritten notes:
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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 J. K. Kelley
Licensed Embalmer No. 3324
P. O. Address Hyannis, Ma

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.