

Registration District No. #384

Primary Registration District No. 5535

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town rural Howell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at residence /
(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 63 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME NANCY HARRIETT JOHNSON

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Johnson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 14, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	11	17	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Housework

MOTHER { 12. Name W. P. Collins

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

14. Maiden name Lucy Jones

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

16. (a) Informant Mrs. Bessie Collins

(b) Address St. Louis, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb. 26, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Collins Cemetary

18. (a) Signature of funeral director None

(b) Address _____

19. (a) 2-26-42
(Date received local registrar)

(b) Paul Harlan
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Howell

(c) City or town rural Howell Twp.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th.
year 1942 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Feb. 22, 1942 to Feb. 25, 1942
that I last saw her alive on Feb. 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 5 days

Due to _____

Due to _____

Other conditions Arteris-sclerosis
(Include pregnancy within 3 months of death)

Major findings: 830

Of operations _____

Of autopsy _____

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 W. P. Harlan (M. D. or other) M. D.

Address West Plains, Missouri

Date signed 2/26/42

RECEIVED
District Health Officer No. 5.
District File Number 942117
Date Filed 9-10-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.