

S. No. 2  
 1-1-4-41  
 5-17-39  
 X26390

27894

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 4 1942 274

Registration District No. \_\_\_\_\_

Primary Registration District No. 3052

Registrar's No. 303

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

1. PLACE OF DEATH  
 (a) County Pettis  
 (b) City or town Sedalia, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1300 South Ohio  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One year  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pettis  
 (c) City or town Sedalia, Mo.  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. 1300 So. Ohio  
(If rural, give location)  
 (e) Citizen of foreign country? No  
(Yes or No)  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug day 30 year 1942 hour 1 minute 2 M.

4. Sex F 5. Color White 6. (a) Single or widowed or married, divorced Widowed  
 (b) Name of husband or wife Major L. Johnson 6. (c) Age of husband or wife if alive XXXXXX years  
 7. Birth date of deceased August 4, 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 40 to Aug 30 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>0</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Due to 50

9. Birthplace Fayette, Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At Home

Other conditions Carcinoma Breast  
(Include all within 3 months of death)  
 Major findings: Healed 11 yrs ago.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Capt. Thomas Walton  
 13. Birthplace Georgetown, Ky.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Stella Terrill  
 15. Birthplace Roanoke, Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Mary L. Johnson  
 (b) Address 1300 So. Ohio Aug. 31/42  
 17. (a) Removal (b) Date thereof Sept 8, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fayette, Mo. Gillespie Funeral Home  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Ninth at Ohio  
 19. (a) 8-31-1942 (b) Mrs Anna Berger  
(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? \_\_\_\_\_  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature W. B. Keenan (M. D. or other) \_\_\_\_\_  
 Address Sedalia Mo Date signed 8/31/42

102 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-3-42

JUN 22 1948

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.....

*L. E. Boulton*

Licensed Embalmer No.

3867

P. O. Address

*Seaside, 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.