

FILED OCT 8 1942

Registration District No. 124

Primary Registration District No. 5459

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene (b) City or town Rural (c) Name of hospital or institution: (d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Maude Elizabeth Johnson

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Curtis Johnson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation housekeeper

11. Industry or business

12. Name Richard L. Morris

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

14. Maiden name Sarah A. Dickey

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

16. (a) Informant Delbert Johnson (b) Address Bois D'Arc, Mo.

17. (a) Burial (b) Date thereof 10-3-42 (c) Place: burial or cremation Johnson's Chapel

18. (a) Signature of funeral director Morris Deuman (b) Address Ash Grove, Mo.

19. (a) 10-4-42 (b) Jewell Williams (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 39 0 (c) City or town (d) Street No. (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from for the past 15 years, 19 to Aug 1 Sept 1942 that I last saw her alive on Sept 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none held

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? (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 Charles H. McFellie (M. D.) Address Ash Grove Mo Date signed Oct 1 1942

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

RECEIVED

Greene County Health Office,

County File Number 42-10-85

Date Filed 10/6/42

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 Maudie O. Morris

Licensed Embalmer No. 2053

P. O. Address Ash Grove 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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 30363

Registration District No. 124

Primary Registration District No. 5459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural
(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 Mo (b) County Greene
(c) City or town Paris D'Arc
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maudie 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 April 11 1908
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-4-42 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 22
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____
that I first saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Duration _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

