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M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30884

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 87

1. PLACE OF DEATH:
(a) County: MISSISSIPPI
(b) City or town: CHARLESTON, — RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HENSON / COMMUNITY
(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: ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED: 67
(a) State: MISSOURI (b) County: MISSISSIPPI
(c) City or town: CHARLESTON - RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No.: HENSON, MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NONE 0

3. (a) PRINT FULL NAME: MARY HENRIETTA JOHNSON
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: W. Q. C. JOHNSON
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: DECEMBER (Month) 3 (Day), 1889 (Year)

8. AGE: Years 52 Months 8 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace: MISSISSIPPI COUNTY, MO (City, town, or county) (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: HOUSE WIFE
MOTHER FATHER
12. Name: JOHN E. BURTON
13. Birthplace: TENNESSEE / (City, town, or county) (State or foreign country)
14. Maiden name: ELIZA DALTON
15. Birthplace: MISS COUNTY MO 0 (City, town, or county) (State or foreign country)
16. (a) Informant: W Q C JOHNSON
(b) Address: HENSON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: IOOF - CHARLESTON, MO
18. (a) Signature of funeral director: John T. Funnell
(b) Address: Charleston Mo
19. (a) Sept 5 42 (Date received local registrar) (b) D D Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 26 year 1942 hour 7 minute 18 P.M.
21. I hereby certify that I attended the deceased from Oct. 10, 1941, to Aug. 22, 1942 that I last saw her alive on Aug. 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	Few minutes
Due to: Hypostatic Pneumonia	Two days
Due to: Gastric Carcinoma (Metastasis from uterus)	Several months about 2 years
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: —	
Of autopsy: —	

HSB

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)
(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: J. Forbes (M. D. or other) D.O.
Address: Charleston Date signed: Aug. 29

1257 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1042-1220
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 John T. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.