

FILED OCT 13 1942

Registration District No. 67-3267

Primary Registration District No. 5764/3902

Registrar's No. 64

78
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pinckney
(b) City or town Haysi Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Kind in state 60 yrs.
In this community Kind in state 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pinckney
(c) City or town Haysi Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes/No)
If yes, name country.

3. (a) PRINT FULL NAME

Laura E. 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 1 divorced Married

6. (b) Name of husband or wife Francis Johnson 6. (c) Age of husband or wife if alive 21 years (Day) (Year)

7. Birth date of deceased Nov. 21 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business Webb

12. Name Webb

13. Birthplace Ind. 1 (City, town, or county) (State or foreign country)

14. Maiden name N.K.

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

16. (a) Informant William M. Johnson

(b) Address 8824 Forest, Ok. Springs, Mo.

17. (a) Burial (b) Date thereof 9-28-42 (Rural, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portsmouth, Mo.

18. (a) Signature of funeral director Walter Ray

(b) Address Haysi, Mo.

19. (a) 9-28-42 (b) Mrs. A. B. Shury (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1942 hour 10:20 P.M. minute 0 M.

21. I hereby certify that I attended the deceased from 9-26 1942 to 9-26, 1942 that I last saw her alive on 9-24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy

Due to arteriosclerotic hypertension

Due to senility

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings: Of operations 820

Of autopsy 820

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 Asst. Dir. (M. D. or other) 0
Address Haysi, Mo. Date signed 9-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FD-42-20

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. B. Brown

Licensed Embalmer No. 3789

P. O. Address Hartmo

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.