

FILED NOV 9 1942

Registration District No. 316

Primary Registration District No. 6068

Registrar's No. 53

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Waller Mines  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bro. Sylvan Hosp  
Rural R. no 2  
(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 St. Francois  
(c) City or town Waller Mines  
(If outside city or town limits, write "RURAL.")  
(d) Street No. Rural no. 2  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT NAME

(b) If veteran, name war.....

(c) Social Security No. ....

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Mora 6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased 10-18-42  
(Month) (Day) (Year)

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

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

10. Usual occupation.....

11. Industry or business.....

12. Name Carl F. Johnson  
13. Birthplace Madison Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Mora Kelly  
15. Birthplace Madison Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant F. H. Johnson  
(b) Address Waller Mines Mo  
17. (a) Burial (b) Date thereof 10-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hall Cemetery  
18. (a) Signature of funeral director Benjamin Underco  
(b) Address Waller Mines Mo  
19. (a) Oct. 21, 1942 (b) Byrdie Bukermeister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1942 hour 12 minute 05 M. A.  
21. I hereby certify that I attended the deceased from 10-17-42 to 10-18-42  
that I last saw W alive on 10-17 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - 8 months gestation  
Due to.....  
Due to DK

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations.....  
Of autopsy.....

Duration

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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature R. J. Loran (M. D. or other).....  
Address Flat River Mo Date signed 10/21/42

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

94  
0  
0

94

RECEIVED

District Health Officer No. 3

District File Number 1142-1320

Date Filed 11-6-42

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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.**