S. No. 2
M—9-4-41
v. 5-17-39
I X29484

105
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

35034

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV. 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 348 Primary Registration District No. 6174 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Harris Rural Clay Twp. (If outside city or town limits, write "RURAL" and name of township)

(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 — (Specify whether years, months or days)

In this community Since Childhood.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105 0

(c) City or town Harris Rural, Clay Twp. (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Carrie E. 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 Widowed 2

6. (b) Name of husband or wife W. Thos. Johnson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 1, (Day) 1869 (Year)

8. AGE: Years 73 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Cedar Co. (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation at home on farm

11. Industry or business —

FATHER
12. Name Samuel Earhart.
13. Birthplace Don't know 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Ann Miller
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Swift.

(b) Address Tarkio, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem Milan

18. (a) Signature of funeral director Schoene's

(b) Address Milan Frank D.

19. (a) Oct 3 1942 (Date received local registrar) (b) Mrs Sadie Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1942 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from January, 1942, to Sept 30, 1942 that I last saw her alive on Sept 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1940
Due to	
Due to Chronic nephritis	1940
Other conditions (Include pregnancy within 3 months of death)	

131 b

Major findings:
Of operations none

Of autopsy none

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 2

23. Signature O. E. Wise (M. D. or other) DO

Address Harris, Mo. Date signed 10/3/42

1183 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2040
Date Filed NOV - 9 1942

[redacted]

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, 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.