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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1942

Registration District No. 10

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 36558

Registrar's No. 146

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 14 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Missouri (b) County 0

(c) City or town Perry 0 (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Emma C. 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 Married

6. (b) Name of husband or wife Oscar P Johnson

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

7. Birth date of deceased Sept (Month) 3 (Day) 1878 (Year)

8. AGE: Years 64 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Peter Palmer
13. Birthplace Unknown Sweeden 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emilie Palmer
15. Birthplace Sweeden, 4 (City, town, or county) (State or foreign country)

16. (a) Informant Oscar P Johnson

(b) Address Perry Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation Perry Mo.

18. (a) Signature of funeral director Clydie Wilkey

(b) Address Perry Mo.

19. (a) 10-8-1942 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8 year 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept 24, 1942 to Oct 8, 1942 that I last saw her alive on Oct 8 1942, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Valley (M. D. or other) MD

Address Mexico, Mo. Date signed 10/8/42

1074 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-3023
Date Filed NOV 17 1942

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~~ Clyde C. Wilkey, Registered Apprentice No. ..... working under my personal supervision.

Signed Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
3-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36-5-8

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 146

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Andrain
(b) City or town: Perryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Co. Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 1 yr days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls
(c) City or town: Perry (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Emma C. 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: m
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept (Month) 3 (Day) 1878 (Year)

8. AGE: Years 64 Months 1 Days ..... (If less than one day) hr. ..... min.

9. Birthplace: (City, town, or county) ..... Mo (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace: (City, town, or county) ..... (State or foreign country) .....
MOTHER
14. Maiden name .....
15. Birthplace: (City, town, or county) ..... (State or foreign country) .....
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day ..... year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
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)
(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 ..... (M. D. or other) .....
Address ..... Date signed .....

S-36558 1942