

37182

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 11, 1942

Registration District No. 134

Primary Registration District No. 5512

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Henry County
(b) City or town Lee-tou, Mo. Tex-ho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 yrs. years, months or days)

3. (a) PRINT FULL NAME Nancy Jane Johnson

3. (b) If veteran, name war No. 3. (c) Social Security No. NO. 95

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced widowed
6. (b) Name of husband or wife W. E. Martin Johnson 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased October 21, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 22 hr. min.

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

10. Usual occupation House wife

11. Industry or business ✓

MOTHER FATHER { 12. Name Nathan Tenkesley
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Millie Aives
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Hayd Johnson
(b) Address Luton, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Preston, Mo.

18. (a) Signature of funeral director W. B. Brauning
(b) Address Luton, Mo.
19. (a) November 13, 1942 (Date received local registrar) Georgia Kitcher (Registrar's signature) 8. X

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry
(c) City or town Lee-tou (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? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th year 1942 hour 4:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from 10/28/42 to _____, 19____, to _____, 19____.

that I last saw her alive on Nov. 12 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
stomach (Primary site)
Due to myocardial
degeneration

Other conditions (Include pregnancy within 3 months of death) H & B

Major findings: Of operations _____

Of autopsy _____

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 W. B. Brauning (M. D. or other) DO.
Address Luton, Mo. Date signed 11/13/42

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

MAY 11 1942

RECEIVED

District Health Officer No. 71

District File Number 12-42-1350

Date Filed 12-10-42

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 Me

J.E., Registered Apprentice No. 13377
working under my personal supervision.

Signed

R.W. Branninger

Licensed Embalmer No. 13377

P. O. Address Leeton, 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, above space should be left blank.