

S. No. 2  
OM-5-42  
ev. 5-17-39  
I X322873

37805

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 14 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 2054

Registrar's No. \_\_\_\_\_

82  
12

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

1. PLACE OF DEATH:

(a) County Peke

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

(c) Name of hospital or institution: Peke 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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Peke

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

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIRGINIA Kay Johns

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10  
year 1942 hour 12 minute 45 M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 31 - 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 31 1942 to Nov 10 1942  
that I last saw her alive on Nov 10 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Definitely - Inscribed bladder

Due to \_\_\_\_\_

9. Birthplace Louisiana Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Chas Perry Johns

13. Birthplace Louisiana Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Widowed Miss Brantley

15. Birthplace Louisiana Mo 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

16. (a) Informant Chas Perry Johns

(b) Address Rt 2 Louisiana Mo

17. (a) Rural (b) Date thereof 11/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Mo

18. (a) Signature of funeral director [Signature]

(b) Address Louisiana Mo

19. (a) 11/10/42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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) (c) Means of injury

23. Signature [Signature] (M. D. or \_\_\_\_\_)

Address Louisiana Mo Date signed 11/10/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Officer No. 10

District File Number 12-42-4088

Date Filed DEC 12 1922

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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.**