

No. 2
1-542
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1934

State File No.

FILED FEB 13 1943

Registration District No. 68

Primary Registration District No. 5267

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Christian

(b) City or town W. Hallows, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

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

In this community 3 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Osark, Mo.
(If outside city or town limits, write "RURAL.")

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Jane Johnson

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

4. Sex ♀ 5. Color or race W. 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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 24th
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 29, 1942, to Jan 24, 1943, that I last saw her alive on Jan 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 6 days
Duration

8. AGE: Years Months Days If less than one day
2 24 hr. min.

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

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business

12. Name Fair S. Johnson

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

14. Maiden name Bessie May Johnson

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

16. (a) Informant Fair S. Johnson

(b) Address Highville, Mo.

17. (a) Burial (b) Date thereof Jan 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cemetery

18. (a) Signature of funeral director T. B. Chubb

(b) Address Osark, Mo.

19. (a) Feb 2 1943 (b) M. H. Mallonstone
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 107

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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 A. R. Farthing (M. D. or other)
Address Osark, Mo. Date signed Feb 9-43

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

1279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 232-182

Date Filed FEB 11 1943

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.....

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address.....

Ozark, 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.