No. 2
4-4-41
17-39
X29484

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. 2354

FILED JAN 21 1943

Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 235

1. PLACE OF DEATH:

(a) County: HENRY

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

(c) Name of hospital or institution: COMMUNITY CLINIC HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 DAYS (Specify whether years, months or days)

In this community: 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry

(c) City or town: Clinton Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route 6. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: RUTH ELIZABETH JOHNSON

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: F.

5. Color or race: W

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

6. (b) Name of husband ~~or wife~~: LEE JOHNSON

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: Oct (Month) 11 (Day) 1894 (Year)

8. AGE: Years 48 Months 2 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace: Green Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER 12. Name: James Byrd Hendricks

13. Birthplace: unknown (City, town, or county) 0 (State or foreign country)

MOTHER 14. Maiden name: Marie Emily Shumaker

15. Birthplace: unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Lee Johnson

(b) Address: Clinton, Mo RR 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 24-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood Cem.

18. (a) Signature of funeral director: W. L. Vansant

(b) Address: Clinton Mo

19. (a) Dec. 24 1942 (Date received local registrar) Georgia Kitchen (Registrar's signature) D.R.

1067 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 4 minute 30 p. M.

21. I hereby certify that I attended the deceased from 12-11, 1942 to 12-22, 1942 that I last saw h. L. R. alive on 12-22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcus Septicemia	2 Days
Due to: Pelvic abscess	10 Days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Pelvic exploration & Laparotomy.

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?:

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Eugene S. Merrill (M. D. or other) MD

Address: Clinton Mo. Date signed 12-24-42

RECEIVED
District Health Officer No. 7
District File Number 12-42-1441
Date Filed 1-14-43

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 N. L. Hursant

Licensed Embalmer No. 3779

P. O. Address Chillicothe Mo.

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

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

No. 2B
8-21-41
I X29268

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2354

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 23 J-

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Ruth Elizabeth 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: Oct (Month) 11 (Day) 1894 (Year)

8. AGE: Years 48 Months 2 Days If less than one day 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)
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 Dec Day 22 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: Streptococcus Septicemia — Duration
Due to: Pelvic abscess
Due to: Gonorrhea
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations: 25.12
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature: Eugene D. Neville (M. D. or other) M.D.
Address: Clinton Mo Date signed 2-1-43

SUPPLEMENTARY