

3838

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 37Registration District No. 371Primary Registration District No. 6262

1. PLACE OF DEATH:

(a) County Webster West
(b) City or town Rogersville, Rural Dallas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Tru
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 52 yrs.
years, months or days)

3. (a) PRINT FULL NAME MARY JOHNSON

8. (b) If veteran, name war _____ 8. (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 Tom F. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 6 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 22 If less than one day _____ hr. _____ min.9. Birthplace Jones Co. Mo. S.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Jeppie Herton
13. Birthplace Arkansas
14. Maiden name Martha Cuthbert
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Tom Johnson(b) Address Rogersville Mo R 317. (a) Burial (b) Date thereof Nov. 30-42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Rogers Cemetery18. (a) Signature of funeral director Abel - Ferris(b) Address Rogersville Mo.19. (a) Dec. 3-1942 (b) L. B. Bessie

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(p) State Missouri (b) County Webster
(c) City or town Rural, Rogersville
(If outside city or town limits, write "RURAL")
(d) Street No. West Dallas, Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ year

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month Nov. day 28, 1942
year 1 hour 20 minute P.M.21. I hereby certify that I attended the deceased from Oct. 30, 1942, to Nov. 27, 1942, that I last saw her alive on Oct. 31, 1942, and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of stomach Duration 3 mos.Due to Carcinoma of left breast 1 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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 J. B. Blinn (M. D. or other) Mo.Address W. Oakland, Mo. Date signed 12-3-42

FILED JAN 1943

RECEIVED

District Health Officer No. 6,

District File Number 143-87

Date Filed JAN 22 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 H. H. Keller

Licensed Embalmer No. 3334

P. O. Address Seymour, 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.