7. S. No. 2
50M—5-42
5-17-39
X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7347

Registration District No. 292 — Primary Registration District No. 5999 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Ralls.
(b) City or town: Rural. Center Township. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D.#2 Center, Missouri. (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: 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ralls.
(c) City or town: Center, Missouri R.F.D. (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.No.2. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Theodocia Johnson.
3. (b) If veteran, name war: ____
3. (c) Social Security No.: None.
4. Sex: Femble
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: S.N.Johnson.
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: November 30, 1883. (Month) (Day) (Year)

8. AGE: Years 59 | Months 1 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Lafayette XX (City, town, or county) Indiana. (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business: Home.
FATHER 12. Name: Chas F.Neville.
13. Birthplace: Unknown (City, town, or county) Kentucky. (State or foreign country)
MOTHER 14. Maiden name: Malinda Doty.
15. Birthplace: Lafayette (City, town, or county) Indiana. (State or foreign country)
16. (a) Informant: S. N. Johnson.
(b) Address: Center, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan, 31, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Center, Missouri.
18. (a) Signature of funeral director: Clyde Emerson
(b) Address: Perry, Missouri.
19. (a) Jan-30-1943 (Date received local registrar) (b) Mrs. Earl Perkinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th year 1943 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 21 1942 to Jan. 29 1943 that I last saw her alive on Jan. 29 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis (acute)	5 Days
Due to Nephritis (acute)	1 mo.
Due to Uremia	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings: Of operations: ____ 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)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: ____

23. Signature: C. H. Brooks (M. D. or other) D.O.
Address: Center, Missouri. Date signed: 1/30/43

1135

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 2-43-362
Filed FEB 16 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 Clyde C. Welbey

Licensed Embalmer No. 3820

P. O. Address Perry 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.