

Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Washington Township-Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXX (Specify whether
In this community XXX years, months or days) (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Philena Prudence Johnson

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John Paron Johnson

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

7. Birth date of deceased February 25, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>8</u>	<u>XXXXXXXX</u> min.

9. Birthplace Clinton Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business XX

12. Name William Alexander Taylor

13. Birthplace Rutherford Co. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Prudence F. Haxton

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

16. (a) Informant E. C. Johnson

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 3-5-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director Church & Neale

(b) Address Stockton, Missouri

19. (a) 3-29-43 (Date received local registrar)

(b) Mrs Ethel Church (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 20

(a) State Missouri (b) County Cedar

(c) City or town Washington-Township-Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-2-43
to 2-28 1943
that I last saw him alive on 2-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death B-Pneumonia

Duration 10 da.

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Wm B. Riddle (M.D. or other)

Address Stockton, Mo. Date signed 3-4-43

RECEIVED

District Health Officer No. 7

District File Number 3-43-4

Date Filed 4-3-43

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 Melvin Chace

Licensed Embalmer No. 3272

P. O. Address Stockton

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.