

APR 14 1943

Registration District No. 144

Primary Registration District No. 5564

Registrar's No. 2

1. PLACE OF DEATH:

(a) County IRON
(b) City or town RURAL Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON
(c) City or town RURAL
(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 EMILY JOHNSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) 2 divorced WIDOW
6. (b) Name of husband or wife JAMES JOHNSON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased APR 16 1 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 20 hr. min.

9. Birthplace REYNOLDS Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name NICHOLAS BREWER
13. Birthplace unknown MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name unknown JOHNSON
15. Birthplace unknown KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CHATIE JOHNSON
(b) Address YOLCAN MISSOURI
17. (a) BURIAL (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUTTON CEMETERY
18. (a) Signature of funeral director Geo P. Stuebel
(b) Address Frontier Mo
19. (a) 3-30-43 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 21
year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1943 to March 21 1943
that I last saw HER alive on Feb 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis
old age
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

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 Dr. James W. D. (M. D. or other)
Address Frontier Mo Date signed 3-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 443-2093
Date Filed 4-12-43

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.....

Not Embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.