

S. No. 2
M-542
4775
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 7 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14679

State File No.

Registration District No. 171

Primary Registration District No. 4268

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Madison

(c) Name of hospital or institution Nil

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Mayview (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Ester Madeline Johnson

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr. 11th 1943, to Apr. 12th 1943

that I last saw her alive on April 12th 1943; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased October 14 1942 (Month) (Day) (Year)

Immediate cause of death Intestinal obstruction (Intussusception)

Due to Unknown

Due to —

Other conditions (include pregnancy within 3 months of death) —

8. AGE: Years Months Days If less than one day

— 5 28 — hr. — min.

9. Birthplace Mayview Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business —

12. Name Costella Johnson

13. Birthplace Mayview Missouri (City, town, or county) (State or foreign country)

14. Maiden name Esther Turner

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

PHYSICIAN —

Underline the cause to which death should be charged statistically.

Major findings: Of operations —

Of autopsy —

16. (a) Informant Costella Johnson

(b) Address Mayview Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mayview, Mo.

18. (a) Signature of funeral director Speers & Sons

(b) Address Lexington, Missouri

19. (a) April 9, 1948 (Date received local registrar) (b) Mrs W.F. Baker (Registrar's signature)

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 Just B. Willis (M. D. number) —

Address Mayview Mo Date signed 4/12/43

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

54
50

1131

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-6-73

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 William Nunley

Licensed Embalmer No. 37057

P. O. Address Lexington Missouri

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.