

No. 2
-5-42
5-17-39
x32

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15643

State File No. _____

FILED MAY 7 1943

Registration District No. 228

Primary Registration District No. 3073 A 6112

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Chaffee Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
401 Black Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Manassfield
(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

Jennie Labelle Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, 1 widowed
6. (b) Name of husband or wife Charles Johnson 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June 17 1872 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 6 hr. min.

9. Birthplace Manassfield Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Jay Pope
13. Birthplace Waverly Tenn (City, town, or county) (State or foreign country)
14. Maiden name Jennie Lenniz
15. Birthplace Waverly Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Projeat
(b) Address Chaffee Mo.
17. (a) Removal (b) Date thereof 4-24-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Walstead Cem. Manassfield Mo.

18. (a) Signature of funeral director M. Stubbs
(b) Address Chaffee Mo.

19. (a) Apr 24-43 (b) Christa Grace (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from April 23, 1943, to April 23, 1943, that I last saw h. ev. alive on April 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Apoplexy Duration 1/2 hr.

Due to _____
Due to gza
Other conditions _____ (include pregnancy within 3 months of death)

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? _____
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Mabel M. Delaney (M. D. or other) DO.
Address Chaffee Mo. Date signed 4/24/43

1525 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 548-632

Date Filed 5-6-48

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.....

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.