S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FD MAY 24 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17747

State File No.

Registration District No. 101 Primary Registration District No. 5414 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Washington Tw

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(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 Douglas

(c) City or town Ava Rural

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

(d) Street No. Route 3

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arminta Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Avery Johnson

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

7. Birth date of deceased May (Month) 5 (Day) 1864 (Year)

8. AGE: Years 78 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Taylor

13. Birthplace Tennessee / (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Elizabeth Lee

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

16. (a) Informant Edna Stillings

(b) Address R. 3 Ava, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Friends

(b) Address

19. (a) 5-1-43 (Date received local registrar) (b) Thelma L. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 6, 1943 to Mar 7, 1943 that I last saw her alive on Mar 6, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral stenosis	
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. L. Gentry (M. D. or other)

Address Ava Mo Date signed 4-8-43

(Licensed Embalmer's Statement on Reverse Side)

J. L. Gentry

RECEIVED
District Health Officer No. 6,
District File Number 5-43-649
Date Filed MAY 20 1943

This body was not embalmed by request of the family

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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.