S. No. 2
M—9-4-41
5-17-3
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25401

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 21 1943

Registration District No. 175 Primary Registration District No. 5649 Registrar's No. 88

55 0 0

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Pierce City (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Price of Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Lawrence 55 0
(c) City or town Pierce City (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Ingrid Johnson
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 5 (Day) 1865 (Year)
8. AGE: Years 78 Months 2 Days 10 If less than one day hr. min.
9. Birthplace Sweden (City, town, or county) 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Swanson
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Carl Johnson
(b) Address Pierce City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Cem.
18. (a) Signature of funeral director Meenegere
(b) Address Pierce City Mo.
19. (a) 6-18-43 (Date received local registrar) (b) Eunice Greene (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 7 minute 5 P. M.
21. I hereby certify that I attended the deceased from June 13/43, 19.., to June 15, 1943. that I last saw her alive on June 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	30 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

§30

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
23. Signature Charles L. Moore (M. D. or other) MD.
Address Pierce City, Mo Date signed 6/17/43.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 743-887
Date Filed JUL 20 1943

3888

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 Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Victor C. Kinney Jr

Licensed Embalmer No. 3822

P. O. Address Prince City 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.