V. S. No. 2
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Rev. 5-17-39
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FILED AUG 28 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29320

Registration District No. 317 Primary Registration District No. 3064 Registrar's No. 1922

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 Redmond 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 48
(c) City or town Kansas City, M 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1625 Summit Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Myrtle M. Johns
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife H. Johns
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 2, 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business Housekeeping
FATHER
12. Name James Todd
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Rebecca Unknown
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs O. A. Borton
(b) Address Ferguson, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/25/43. (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director L. M. White
(b) Address Ferguson, Missouri.
19. (a) AUG 2 1943 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1943 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from 7/7/ 1943, to 8/25/ 1943
that I last saw him alive on 8/25/ 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Stomach	6 mo
Due to Chr myocarditis	1940
Due to Chr Nephritis	1930
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 8/25/43

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(Licensed Embalmer's Statement on Reverse Side)

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.....L. M. White.....

Licensed Embalmer No.....3973.....

P. O. Address.....Bergmann, Inc.....

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.