S. No. 2
DM—2-43
5-17-50
I X33697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34789

FILED NOV 6 1943

Registration District No. 132 | Primary Registration District No. 3021 | Registrar's No. 135

10 1 2

1. PLACE OF DEATH:
(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WRIGHT MEMORIAL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few days (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED: 40
(a) State MO. (b) County GRUNDY "
(c) City or town Brimson "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. R. R #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSABEL JOHNSON
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FE.
5. Color or race W
6. (a) Single, widowed, married, divorced 2 WIDOWED
6. (b) Name of husband ~~or wife~~ MARTIN JOHNSON
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JAN. (Month) 8 (Day) 1860 (Year)

8. AGE: Years 83 | Months 8 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace DO NOT KNOW (City, town, or county) IOWA (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business — Home —
12. FATHER Name MARCELLUS RATLIFF
13. FATHER Birthplace DO NOT KNOW (City, town, or county) VA. (State or foreign country)
14. MOTHER Maiden name SARAH BROWN
15. MOTHER Birthplace DO NOT KNOW (City, town, or county) VA. (State or foreign country)
16. (a) Informant ROY JOHNSON
(b) Address Brimson MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM CEM.
18. (a) Signature of funeral director GIPSON FUN. HOME
(b) Address TRENTON MO.
19. (a) 10-6-43 (Date received local registrar) (b) L. S. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 year 1943 hour 3 minute a M.
21. I hereby certify that I attended the deceased from July 1942, 19__, to Oct 5, 1943, that I last saw her alive on Oct 5, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 days
Due to: Sen. arteriosclerosis	10 yrs
Due to: Also operated upon for cancer of breast	9-24-43
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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 O. R. Rooks (M. D. or other)
Address Trenton Mo Date signed 10/6/43

133 (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 E. M. Jones

Licensed Embalmer No. 3453

P. O. Address Trenton 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.