

S. No. 2
 1-9-4-41
 7-5-17-39
 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

43163

State File No. _____

FILED JAN 10 1944
 Registration District No. 237

Primary Registration District No. 4353

Registrar's No. 45

72
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Sedalia
(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 Sedalia
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Sedalia
(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 Wanda Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
 year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 10
 1943, to Dec 25 1943
 that I last saw her alive on Dec 24 1943
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W

6. (a) ~~Single~~ married
~~divorced~~ married

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Feb 17 1914
(Month) (Day) (Year)

Immediate cause of death Pulmon B. B. Duration _____

Went to State Southern Ry 27/24
Due to 1940 staid 26 months
Had a rib resection and
Due to Come home in good shape
got pregnant and the
other conditions. Chest become inflamed
(Include pregnancy within 3 months of death)
all over; died 4 months
 Major findings: after child come

8. AGE: Years 26 Months 10 Days 8
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home wife

11. Industry or business None

12. Name Berbet Crain

13. Birthplace Union Town Ky
(City, town, or county) (State or foreign country)

14. Maiden name Bulah Crain

15. Birthplace Piggot Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Neal Johnson

(b) Address St. Johns

17. (a) Burial (b) Date thereof Dec 28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Standfield

18. (a) Signature of funeral director Lynd Russell

(b) Address Piggot Arkansas

19. (a) Dec 28-43 (b) Zelda Macon
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Of autopsy no

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 Floyd Crain (M. D. or other) DB
 Address St. Johns Date signed Dec 28/43

RECEIVED
District Health Office No. 2,
District File Number 144-60
Date Filed 1-7-44

NOV 14 1950

NOV 16 1950

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. 10000

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.