

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2302
State File No. _____
Registrar's No. 440

FILED FEB 1 1944
Registration District No. 47

Primary Registration District No. 3008

14
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Galloway

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

(c) Name of hospital or institution:
State Hospital no. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 2 days
(Specify whether years, months or days)

In this community 1 mo 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. Little Blue County home
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bell Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 21, year 43, 1 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Dec 21 1943
that I last saw her alive on Dec 20 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death _____

Chronic Myocarditis

Due to Generalized Arterio Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

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

14. Maiden name unknown

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

16. (a) Informant Doc of Thomas

(b) Address 2nd St. no. 2 - Kansas City Mo

17. (a) Removal (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hicksville, Mo

18. (a) Signature of funeral director Leo J. Wallace

(b) Address Fulton Mo

19. (a) 2-24-1943 (b) Joseph M. Marshall
(Date received local registrar) (Registrar's signature)

(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. Thomas (M. D. or other) 93d

Address Fulton Mo Date signed Dec 24

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..... *Albert C. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, 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.