

FILED MAR 13 1944

Registration District No. **200**

Primary Registration District No. **5725**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Macon**
(b) City or town **Hudson**
(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 _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County _____
(c) City or town **Rockford Ill**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Mrs Rena M. Johns**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Roy C Johns** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **July 4 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **28** If less than one day hr. min.

9. Birthplace **Burrill Co Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-keeper**

11. Industry or business

12. Name **Mrs Chapman**

13. Birthplace **Don't know England**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **England don't know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy C Johns**

(b) Address **Rockford Ill**

17. (a) **removed** (b) Date thereof **Feb 5 44**
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation **Rockford Ill**

18. (a) Signature of funeral director **Robert S. King**

(b) Address **Macon Mo**

19. (a) **2/17/44** (b) **Jora B. Dunkler**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Febr** day **2nd**
year **1944** hour **2** minute **10** A.M.

21. I hereby certify that I attended the deceased from **Dec 14 - 1943**
19____, to **Febr 2**, 19____
that I last saw her alive on **Febr 2**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Senile Dementia with inanition complicated by influenza**
Due to _____ **5 days**

Due to _____
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident; suicide, or homicide (specify) **None**
(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 **2**

23. Signature **W D** (M.D. or other) _____
Address **Macon Mo** Date signed **Feb 17 1944**

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

MOTHER FATHER

999

11

2

Duration

6 mo

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-44-574

Date Filed MAR 10 1944

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.....

Robert Skinner

Licensed Embalmer No.....

751

P. O. Address.....

Mason

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.