

FILED APR 6 1944
Registration District No. 42-

Primary Registration District No. 4143

State File No. 35

Registrar's No. 55

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BLACKWATER**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **LIFE** _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** 27
(c) City or town **BLACKWATER** 5
(If outside city or town limits, write "RURAL.") 5
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME **MRS MARY ELIZABETH JOHNSON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **3 NEGRO** 6. (a) Single, widowed, married, divorced **2 WIDOWED**

6. (b) Name of husband or wife **HENRY JOHNSON** 6. (c) Age of husband or wife if alive **DECEASED** years

7. Birth date of deceased **SEPTEMBER 20 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 6 0 hr. min.

9. Birthplace **BLACKWATER MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN 9**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS FLORENCE HINCHER**

(b) Address **BLACKWATER, MO.**

17. (a) **BURIAL** (b) Date thereof **MARCH 25, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NELSON CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, Mo.**

19. (a) **Mar. 27-44** (b) **Dr. Chas. Swap**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **22nd**
year **1944** hour **6** minute **-** a. m.

21. I hereby certify that I attended the deceased from **1-22**
1944 to **3-22**, 1944
that I last saw him alive on **3-21**, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Div. Calculeus Res of Heart
Duration **3 1/2**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **D R Meredith** (M. D. or other) **real**
Address **Prains Hill** Date signed **3/27/44**

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

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-5-44

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.....

working under my personal supervision.

Registered Apprentice No.

Signed *James W. Stegner*

Licensed Embalmer No. *3780*

P. O. Address *Boonville, 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: