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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

Registration District No. 133

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5483

State File No. 11073

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany Rural Twp.
(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 years, months or days)
In this community Many years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Bethany Rural
(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 ____

3. (a) PRINT FULL NAME Clara Edna 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 Hazelton Wm. Johns

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 4-16-1873 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 7 If less than one day ____ hr. ____ min.

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

10. Usual occupation House Work

11. Industry or business On Farm

MOTHER FATHER

12. Name George Johnson

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

14. Maiden name Susan A Wagnore

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

16. (a) Informant Wm. Johns

(b) Address Bethany Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director S. Mitchell

(b) Address Bethany Mo.

19. (a) Mch 27-44 (Date received local registrar) (b) John M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23 year 1944 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-9-41, 1941, to 2-8-, 1944 that I last saw her alive on 2-8-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	1 yr
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 f

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Lydle Jr. (M. D. or other)

Address Bethany, Mo. Date signed 3-27-44

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(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, on by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed S. W. Hales

Licensed Embalmer No. 1078

P. O. Address Bethany 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.