

No. 2  
1-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11109

FILED APR 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4773

State File No. \_\_\_\_\_

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community Most all life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Maitland  
(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 Sue Emily Johnson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7  
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 5  
1944 to March 7 1944  
that I last saw h. or alive on Mar. 6 1944  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Ezra Johnson alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: May 30 1870  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to Post Influenzal Infection

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 73 Months 9 Days 7 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Near Maitland Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Joseph E. Stevens

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

14. Maiden name Wally Ann Hillaway

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

16. (a) Informant Joseph E. Johnson

(b) Address Burlington, Iowa

17. (a) Burial (b) Date thereof 3-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H.P. Comelney Maitland

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Maryville Mo

19. (a) 3-9-44 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

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 M. C. Ryan (M. D. or other) D.O.

Address Maitland Mo Date signed 3/6/44

1185

**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..... *William Campbell*

Licensed Embalmer No. *3620*

P. O. Address *Wayville 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.**