

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 148

Primary Registration District No. 2365 5567

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural; Kaolin Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles west of Banner
(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 Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles west of Banner
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie Grace Johnson

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased January 28 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 11 If less than one day
hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Hardy Johnson
13. Birthplace Doniphan Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Casteel
15. Birthplace Doniphan Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hardy Johnson
(b) Address Banner Mo.

17. (a) burial (b) Date thereof 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quaker Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address Quaker Mo. Ironton Mo.

19. (a) 3/12/44 (b) Mrs J. C. ...
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1944 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Valvular Insufficiency
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 157e
Of operations _____
Of autopsy _____

Duration _____
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) (c) Means of injury _____

23. Signature J. H. Freywell (M. D. or other) _____
Address Quaker Mo. Date 3/12/44

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

RECEIVED

District Health Officer No. 4
District File Number 444-3641
Date Filed 4-7-44

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Lucy J. White
Licensed Embalmer No. 3012
P. O. Address Imitor New

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.