S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12350

Registration District No. 349 Primary Registration District No. 4513 Registrar's No.

1. PLACE OF DEATH:
(a) County: Sullivan
(b) City or town: Greencastle
(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
In this community years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Sullivan
(c) City or town: Greencastle
(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: Caroline Justus
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Wm. Justus
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March (Month) 31 (Day) 1856 (Year)

8. AGE: Years 87 Months 11 Days 5 If less than one day hr. min.

9. Birthplace: Sullivan Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: house Wife
11. Industry or business
MOTHER FATHER
12. Name: W. W. Johnson
13. Birthplace: Ky. (City, town, or county) (State or foreign country)
14. Maiden name: Louisa Louis
15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: C. W. Lewis
(b) Address: Greencastle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Greencastle
18. (a) Signature of funeral director: Glen E. Ferd & Son
(b) Address: Green City, Mo.
19. (a) 3-31-1944 (Date received local registrar) (b) Laura Shaw deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1944 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 9, 1943 to March 6, 1944 that I last saw her alive on March 6, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza — Duration: 3 Mos.
Due to: She never recovered
Due to: from the attack
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: C. W. Lewis (M. D.)
Address: Greencastle Mo. Date signed 3-7-44

1351

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 1944-668
Date Filed APR 4 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address: Green Castle, Me

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, it should be so stated above.