

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 15 1944

3037

51

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico SAVA R. Trolley Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. #1 Trolley Heights
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. R. #1 Trolley Heights
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Anna B. Johns

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

4. Sex

F

5. Color or race

W

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

M

6. (b) Name of husband or wife

Tom R. Johns

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

7. Birth date of deceased

March 27, 1904

8. AGE:

Years

Months

Days

If less than one day

40

XXXX

13

hr.

min.

9. Birthplace

Mexico, Mo.
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name

Herman Mundy

13. Birthplace

Mexico, Mo.
(City, town, or county)

Mo.
(State or foreign country)

14. Maiden name

Dolly Morris

15. Birthplace

Mexico, Mo.
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant

Tom R. Johns

(b) Address

Mexico, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4/11/44

(c) Place: burial or cremation

Elmwood

18. (a) Signature of funeral director

Chas. Arnold

(b) Address

Mexico, Mo.

19. (a)

4/10/44
(Date received from registrar)

(b)

Margaret H. Machie
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1944 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from April 9th 1944 to April 10 1944
that I last saw her alive on April 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

(Sudden) Sudden death

Due to

Embolus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

147d

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

John A. Owen

(M.D. or other) Do.

Address

Mexico Mo.

Date signed 4-10-44

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

RECEIVED

District Health Officer No. 10

District File Number 5-44-276

Date Filed MAY 12 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 C. S. Arnold

Licensed Embalmer No. 3569

P. O. Address San Francisco

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.