S. No. 2
DM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14784

State File No.

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard, 4.5
(c) City or town Fayette 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Mary Ruth Johnson,
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
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 July 25th 1940
(Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Missouri, Howard County. Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation child
11. Industry or business
FATHER
12. Name James C, Johnson,
13. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Lusby,
15. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)
16. (a) Informant James C. Johnson,
(b) Address Fayette, Mo.
17. (a) Burial, (b) Date thereof 4-18th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burial
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 4-20-1944 (b) Ernest McMillan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 17
year 1944 hour 7 minute 20 a.m.
21. I hereby certify that I attended the deceased from Oct. 12 1943, to , 19 ;
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastasis of Wilm's tumor & lungs.	3 or 4 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Wilm's tumor
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 0
23. Signature D. L. Coffman (M. D. or other) M.D.
Address Fayette Mo Date signed 4-20-44

-368
25/44

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-24-47 APR 25 1947

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 Guy T. Heeney

Licensed Embalmer No. 2966

P. O. Address Fayette, Miss

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.