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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18917
Registrar's No. 9

Registration District No. 287 Primary Registration District No. 4425

1. PLACE OF DEATH:
(a) County Coek
(b) City or town Marsaisville
(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 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84
(a) State Missouri (b) County Coek
(c) City or town Marsaisville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Marsaisville Missouri
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nancy Elizabeth Johnson
3. (b) If veteran, name war me
3. (c) Social Security No. me

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29
year 1944 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from May - 27, 1944 to May - 29, 1944
that I last saw her alive on May, 28, 1944
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, Divorced widowed
6. (b) Name of husband or wife Jasper Johnson
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased August 13, 1855
(Month) (Day) (Year)

Immediate cause of death Acute bacterial
Due to Acute cholecystitis
Duration 24 hrs.

8. AGE: Years 88 Months 9 Days 16
If less than one day hr. min.

Due to 128
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Coek County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housekeeping
12. Name Monroe McKnight
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth J. Bond
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Mrs. Della Jones
(b) Address Marsaisville Mo
17. (a) Burial (b) Date thereof 5-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakville Cemetery
18. (a) Signature of funeral director Genea Brinn
(b) Address Walnut St. Mo
19. (a) 5-31-1944 (b) Hillard Dickson
(Licensed 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) (c) Means of injury
23. Signature Hillard Dickson (M. D. or other)
Address Marsaisville Mo Date signed May 30 1944

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

4422

887

Dist. No. 5-44-719
Date 6-7-44

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Greece Brind

Licensed Embalmer No. 7664

P. O. Address Walnut Grove 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.