

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 85 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER 49
(c) City or town CARTHAGE 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 POPLAR ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: SARAH E. JOHNSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married divorced WIDOWED

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

7. Birth date of deceased MAY 15, 1859 (Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace CARTHAGE, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN W. GIBSON
13. Birthplace X TENN. 1 (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace X TENN. 1 (City, town, or county) (State or foreign country)

16. (a) Informant ISAAC JOHNSON (b) Address 1011 POPLAR ST., CARTHAGE, MO.

17. (a) BURIAL (b) Date thereof 6-25-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GIBSON CEMETERY

18. (a) Signature of funeral director ED. C. ULMER

(b) Address CARTHAGE, MISSOURI

19. (a) June 24 '44 (b) Elizabeth Coplin (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22, year 1944 hour 7: minute 30 A.M.

21. I hereby certify that I attended the deceased from May 27 1944 to June 22 1944 that I last saw him alive on June 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion of Heart - Broken Hip
Due to Security

Duration

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) fell walking under of her name
(b) Date of occurrence _____
(c) Where did injury occur? Carthage Mo 116 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Home (Specify type of place) Means of injury _____

23. Signature E. C. Ulmer (M. D. or other) Address Carthage Mo Date signed 6-24-44

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

49

44-6-529

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..... *E. DeLaney*

Licensed Embalmer No. *2222*

P. O. Address *Portage*

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.