

S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT STANDARD CERTIFICATE OF DEATH

State File No. 25888
Registrar's No. 89

FILED AUG 14 1944
337

Registration District No. _____ Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County Shelby Co.

(b) City or town Shelbina, Mo.
(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 _____ (Specify whether)

In this community Entire life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Shelbina, Missouri
(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 Ella Mae Johnson

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

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: Feb. 23rd, 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from was found dead to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death Probably heart lesion. Was dead when I saw her

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Shelby Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business Same

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Fredrick H. Johnson

13. Birthplace Shelby Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wester

15. Birthplace Shelby Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. O. Johnson

(b) Address St. Louis, Missouri

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbville, Mo.

18. (a) Signature of funeral director William Ballew
(b) Address Shelbina, Missouri

19. (a) August 4, 1944 (Date recorded local registrar) (b) Madge Gooch (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature A. M. Wood (M. D. or other)
Address Shelbina Mo. Date signed 8-3-44

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

(Licensed Embalmer's Statement on Reverse Side)

1095

Case No. 10

8-44-1486

AUG 11 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

W. Hawkins

Licensed Embalmer No.

3498

P. O. Address

Shelburne Vt

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.