

FILED SEP 10 1944
Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(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
In this community 65 yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. West Third Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

3. (a) PRINT FULL NAME ELIZABETH JOHNSON PASCHAL

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased April 14 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 0 If less than one day hr. min.

9. Birthplace Lancashire, England
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business housewife

12. Name John E. Johnson

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Howerton

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Paschal

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof 8/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Mo.

19. (a) 8-14-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1944 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from June 4, 1944, to Aug 14, 1944, that I last saw him alive on Aug 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma - metastasis Primary in ovary

Other conditions Gen Arteriosclerosis
Secondary Anemia

Major findings: Of operations H 9 0
Of autopsy H 9 0

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) (e) Means of injury _____

23. Signature Kelly Rawlins (M. D. or other) Holden Mo
Address Holden Mo Date signed 8/14/44

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

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 Samuel B. Poppe

Licensed Embalmer No. 4044

P. O. Address Holden 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.