

S. No. 2
DM-2-43
5-17-39
X355897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28940

FILED SEP 8 1944
338

Registration District No. 2

Primary Registration District No. 6148

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield Mo. R2
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Lue Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1944 hour 8 minute 55 AM

21. I hereby certify that I attended the deceased from Aug 8th, 1944 to Aug 10, 1944 that I last saw her alive on Aug 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Lung Rk.

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

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

7. Birth date of deceased: March 2, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Bloomfield Mo. R. 2
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business _____

12. Name John B. Skelton

13. Birthplace Duquoin Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name William McArthur

15. Birthplace Duquoin Co. Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant John B. Skelton

(b) Address Bloomfield Mo. R. 2

17. (a) Funeral (b) Date thereof: Aug. 13 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Liberty Mo.

18. (a) Signature of funeral director William James

(b) Address Bloomfield Mo

19. (a) 8/29/44 (b) Pearle E. Moore
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions: H. 6/8
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy NO

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) NO

(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 J. S. Harts (M. D. or other) _____

Address Benton Mo Date signed 8/29/44

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

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RECEIVED

District Health Office No. 2,

District File Number 944-1180

Date Filed 9-6-44

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 Raymond Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Wester 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.