S. No. 2
I—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35126

State File No.

Registration District No. 308

Primary Registration District No. 6029

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Reynolds

(b) City or town Rural Logan Tw

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Name

Rural

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether

In this community all her life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds

(c) City or town Rural 90

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country X 0

3. (a) PRINT FULL NAME Mattie Carolyn Johnson

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex Fl. 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Johnson

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jan (Month) 1 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	15	hr. min.

9. Birthplace Reynolds Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Joseph Barnes
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Ann Hart
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Pete Carter

(b) Address Hadley Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18 44 (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Mo.

18. (a) Signature of funeral director Phil A. Tenchel

(b) Address Van Buren Mo

19. (a) 10-20-1944 (Date received local registrar) (b) Essie Evans (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 16th day Oct-

year 1944 hour 2 a minute M.

21. I hereby certify that I attended the deceased from 10-15, 1944 to 10-16, 1944

that I last saw her alive on 10-15, 1944

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

107

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)

(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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature C. S. Jones M.D. (M.D. or other)

Address Piedmont Mo. Date signed 10-18-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 5
District File Number 114567
Date Filed 11-13-44

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~~ 10-16-4

....., Registered Apprentice No.....

working under my personal supervision.

Signed Philip A. Lenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Me

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.