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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41535

State File No. \_\_\_\_\_

FILED JAN 13 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3040

Registrar's No. 153

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
456m Vine Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 70 years  
years, months or days

3. (a) PRINT FULL NAME Jennie Survant Johnson

3. (b) If veteran, name war No

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 Dick G. Johnson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5th. 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linn County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Survant

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

14. Maiden name Nancy Lyster

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

16. (a) Informant Miss Kate Johnson

(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 12-12-'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri.

19. (a) Dec-12 (b) Leo Elba Coody  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Livingston 54

(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL") 1/2

(d) Street No. 456 Vine Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th.  
year 1944 hour 6:45 minute \_\_\_\_\_ P: \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1 - 1944  
to Dec 10 1944  
that I last saw her alive on Dec 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death gasperture heart failure sudden  
arteriosclerosis

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 932

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 Emmanuel (M. D. or other) \_\_\_\_\_  
Address Chillicothe Date signed 12-12-44

KJX

(Licensed Embalmer's Statement on Reverse Side)

SEAL 13 1953

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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.....

Elmer Thomas.....

Registered Apprentice No.....

working under my personal supervision.

Signed Elmer Thomas.....

Licensed Embalmer No. 2640.....

P. O. Address Chillicothe 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.