

FILED JAN 8 1945

Registration District No. **290**

Primary Registration District No. **4442**

Registrar's No. **55**

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Hirbee Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(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)

3. (a) PRINT FULL NAME Mrs Elizabeth Johnson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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 25 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Schyler Co. Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

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

12. Name Dont Know

13. Birthplace Dont Know \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant O. B. Johnson

(b) Address Hirbee Mo.

17. (a) Burial (b) Date thereof Dec 27 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perche, Boone Co.

18. (a) Signature of funeral director Joe W. Burton

(b) Address Hirbee Mo.

19. (a) 12-31-44 (b) Mrs. P. Wagner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Hirbee Mo.  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th  
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 15  
1944 to Dec. 24 1944  
that I last saw her alive on Dec 24 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arteriosclerosis

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 V. F. Robinson (M. D. or other) D.O.  
Address Hirbee, Mo. Date signed 12-29-44

RECEIVED  
District Health Officer No. 10  
District File Number 1-45-12  
Date Filed JAN 5 1945

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.....

.....  
working under my personal supervision.

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

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.**