

FILED FEB 9 1945
Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 11 hrs. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 325 N. Main
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME SANDRA KAY 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 single

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

7. Birth date of deceased 1 5 1943
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Kansas City Mo 11
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harold Johnson

13. Birthplace Strasburg Mo 11
(City, town, or county) (State or foreign country)

14. Maiden name Leota Taylor

15. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Johnson

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) Jan. 27 1945 (b) Georgia Kitchner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26
year 1945 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from 1/25 1945 to 1/26 1945
that I last saw her alive on 1/26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock due to child falling
over truck of backing water truck
3/4 of body.

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) _____ 04J

(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) _____ (b) Means of injury _____

23. Signature R. S. Hallingsworth

Address: Clinton Mo Date signed 1/27/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1-45-60
2-8-45

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..... *G. L. Wilkerson*

Licensed Embalmer No. *4376*

P. O. Address..... *Clinton 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.