V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1945

Registration District No. 208

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13953

Primary Registration District No. 4320

Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution: 321 W. Lafayette
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

(c) City or town: Palmyra
(If outside city or town limits, write "RURAL")

(d) Street No.: 321 W. Lafayette
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Lucinda Johnson

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Julius Johnson

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: October (Month) 6 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	6	11	____ hr. ____ min.

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

10. Usual occupation: House wife

11. Industry or business: ____

FATHER

12. Name: John Baker

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

MOTHER

14. Maiden name: Josephine Nichols

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

16. (a) Informant: Julius Johnson

(b) Address: Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/19/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Palmyra Cemetery

18. (a) Signature of funeral director: Lewis Brown

(b) Address: Palmyra, Mo.

19. (a) 4/19/45 (Date received local registrar) (b) Eva Margaret Madden Deputy (Registrar's signature)

1145

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1945 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from July, 1943 to 4-16, 1945; that I last saw her alive on 4-16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration: 12 hours

Due to: Arterial hypertension & Sclerosis — Duration: yrs.

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

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: [illegible] (M. D. or other)

Address: Palmyra Mo. Date signed 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Geo B. Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, Ill.

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.