

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

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Deerfield Mo. (Rural)  
(c) Name of hospital or institution:  
4 mi. NW Deerfield Mo  
(d) Length of stay: In hospital or institution 66 years  
In this community 66 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Deerfield (Rural)  
(d) Street No. 4 mi. NW, Deerfield Mo  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lilla B. Johnson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Apr. day 6  
year 1945 hour 4 minute 30 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife John W. Johnson 6. (c) -Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 22, 1862

21. I hereby certify that I attended the deceased from Feb 19 45 to Apr 6 19 45  
that I last saw her alive on Apr 6 and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____

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

9. Birthplace Manchester Illinois  
10. Usual occupation Housewife

Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 930

11. Industry or business \_\_\_\_\_  
12. Name John Alred  
13. Birthplace Illinois  
14. Maiden name Anna Hurley  
15. Birthplace Missouri

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Mrs. Earl Johnson  
(b) Address Deerfield, Mo  
17. (a) Burial (b) Date thereof 4-10-45  
(c) Place: burial or cremation Deerfield, Mo Cem.  
18. (a) Signature of funeral director Konantz Mortuary  
(b) Address Fort Scott, Kansas  
19. (a) 4-12-45 (b) Mrs. W. L. Charles

While at \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature A. B. Brown (M. D. or other)  
Date signed 4/10/45

RECEIVED

District Health Office, Wash. D.C.

District File Number

4-45-420

Date Filed

5-9-42

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 *W. Hanan*  
Licensed Embalmer No. 2080  
P. O. Address Fort Scott, Kan

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.