. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25246

Registration District No. 381 Primary Registration District No. 6128 Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Browning-Rural-Duncan Twp. (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 years, months or days) In this community Lifetime.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105

(c) City or town Browning Mo-Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Duncan Township 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lola Florence 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 April (Month) 20 (Day) 1869 (Year)

8. AGE: Years 76 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George R. Johnson
13. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Virginia E. Schrock
15. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ray Johnson
(b) Address Browning Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Hoover Cemetery

18. (a) Signature of funeral director E.J. Robertson Funeral Home
(b) Address Laredo Mo.

19. (a) May 2-45 (Date received local registrar) (b) Mrs. L. D. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1945 hour 9:15 minute M.

21. I hereby certify that I attended the deceased from Sept 1944 to April 30 1945 that I last saw her alive on April 30 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary arteriosclerosis c̄ angina pectoris	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94cc

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 T. R. McArtor (M. D. or other) M.D.

Address Browning, Mo. Date signed 4-30

1190

(Licensed Embalmer's Statement on Reverse Side)

45

AUG 26

RECEIVED
District Health Officer No. 10
District File Number 7-45-1172
Date Filed JUL 17 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 John M Robertson

Licensed Embalmer No. 4358

P. O. Address Laredo 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.