

S. No. 2
M-5-43
v. 5-17-39
I X36871

30469

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 11 1945

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 11

1. PLACE OF BIRTH:

(a) County: Quincy Co. Kennett

(b) City or town: Halecomb Rural 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Prinnell Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Quincy Co

(c) City or town: Halecomb Rural 1
(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 _____

3. (a) PRINT FULL NAME: Lela Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10
year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-2 1945 to 8-10 1945
that I last saw her ER alive on 8-10 1945
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: W

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

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

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: July 17 1917
(Month) (Day) (Year)

Immediate cause of death: Obstruction of bowels (adhesions)

Duration _____

8. AGE: Years 33 Months 23 Days _____
If less than one day hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace: Black Oak Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeper

Major findings: 1221

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name: Leroy Mead

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

14. Maiden name: Eppie Mae Davis

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

16. (a) Informant: Willie Johnson

(b) Address: Halecomb Rural 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-11-45
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge Camp

18. (a) Signature of funeral director: Lutz Lind G

(b) Address: Kennett Mo

19. (a) 9-11-45 (Date received local registrar) (b) Carl Husband (Registrar's signature)

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)

(c) Means of injury _____

23. Signature: L. C. Wilson (M. D. or other) M.D.

Address: Kennett Mo Date signed: 9-3-45

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

RECEIVED

District Health Office No. 2

District File Number 1045-3107

Date Filed 10-8-42

Walter A. Hawkins

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 Walter A. Hawkins
Licensed Embalmer No. 2002
P. O. Address King Hill 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.