

FILED NOV 19 1945

Registration District No. 101

Primary Registration District No. 6393

Registrar's No. 22

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

1. PLACE OF DEATH: Douglas

(a) County Douglas

(b) City or town Ava Rural Benton 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 _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 3d

(c) City or town Ava 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 Mary Elizabeth Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased April 13, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace Thornfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Robert Gilliland

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

14. Maiden name Eliza Cain

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

16. (a) Informant Mrs Russell Maskey
(b) Address Ava Mo Box 3420

17. (a) Burial (b) Date thereof 7-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn, Springfield

18. (a) Signature of funeral director Clinkinbeard Funeral Ho
(b) Address Box 246, Ava, Missouri

19. (a) Oct 29-45 (b) Ustala Bushman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1945 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1
1945 to July 5th 1945
that I last saw her alive on July 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis + Unmed 3-4 months

Due to Chronic Interstitial nephritis

Due to _____

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) _____

(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? _____

(e) While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature R M Norman (M. D. or other) _____
Address Ava Mo Date signed 7/2/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1441

RECEIVED

District Health Officer No. 6,

District File Number 1145-1106

Date Filed NOV 14 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 *W.B. Hutchison*.....

Licensed Embalmer No. *3431*.....

P. O. Address *Area 1100*.....

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.