S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41936

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 119

1200

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid (Township)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)
In this community all of life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural — La Forge
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH JANE JOHNSON
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife J. N. Johnson
6. (c) Age of husband or wife if alive —— years
7. Birth date of deceased Jan. (Month) — 1 (Day) — 1872 (Year)
8. AGE: Years 73 Months 11 Days 22 If less than one day ____ hr. ____ min.
9. Birthplace New Madrid Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House work
11. Industry or business
MOTHER FATHER
12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country)
16. (a) Informant Mrs Mont Johnson
(b) Address La Forge, Mo. - Rural
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen
18. (a) Signature of funeral director Richards and Co.
(b) Address New Madrid Mo.
19. (a) 1-9-46 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1945 hour 10:00 minute a. M.
21. I hereby certify that I attended the deceased from Oct. 1943, to Dec-23 1945; that I last saw her alive on Dec 22 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Cerebral Arteriosclerosis	
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.

83 W

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) (e) Means of injury
23. Signature B. Gellenstein M.D. (M. D. or other)
Address New Madrid Mo. Date signed 1/14/46

1568 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 46-99
Date Filed 1-11-46

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 T. G. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid, 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.