S. No. 2
—11-10-39
V. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2027

FILED FEB 11 1946

Registration District No. 301

Primary Registration District No. 4038

Registrar's No. 3

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

100065

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Warsaw
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Benton Co Clinic 0
(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 Benton 8

(c) City or town Warsaw 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Venetta Faye (Johnson) Mowell

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 Dec (Month) 1 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 6 hr. 15 min.

9. Birthplace Warsaw Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Olen Ray Johnson
13. Birthplace Benton Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Una Mowell
15. Birthplace Benton Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Una Mowell
(b) Address Warsaw Mo RR

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Reser Funeral Home
(b) Address Warsaw, Mo.

19. (a) 1-15-46 (Date received local registrar) (b) Jas A Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day first year 1945 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 1, 1945, to Dec 1, 1945 that I last saw her alive on Dec 1 1945, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth	6 hrs
Due to	
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.

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 Russ C Salley (M. D. or other) DO
Address Warsaw, Mo Date signed 12/1/45

23

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Di... Officer No. 7;

... 1-46-104

Date Filed 2-8-46

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Warsaw 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, above space should be left blank.