

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2395

State File No. _____

FILED FEB 4 1946

Registration District No. 57

Primary Registration District No. 4081

Registrar's No. 1

1. PLACE OF DEATH:

(a) County CARROLL

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

(c) Name of hospital or institution:
Home
(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) _____ (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL

(c) City or town BOSWORTH
(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 LATITIA ISABEL KEDASH

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex FF 5. Color or race w

6. (a) Single, widowed, married, divorced - 2

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

7. Birth date of deceased FEB 5 1946
(Month) (Day) (Year) 18 70

8. AGE: Years Months Days If less than one day

75 11 25 hr. _____ / min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER

12. Name JOSEPH P. JOHNSON

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

14. Maiden name CHARA ELLEN

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

16. (a) Informant Dand Loyd Johnson
(b) Address Tind, mo.

17. (a) BURIAL (b) Date thereof FEB 1, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNION CEMETERY

18. (a) Signature of funeral director Dand Edmunds
(b) Address Bosworth mo

19. (a) Jan 31, 1946 (b) Pearl Koch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 30
year 1946 hour 4:00 minute PM

21. I hereby certify that I attended the deceased from Jan 29
_____ 1946 to Jan 30 1946
that I last saw her alive on Jan 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration
arteriosclerosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

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

23. Signature W. Cowherd (M. D. or other) DO.
Address Carleton, mo Date signed 1/31/46

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(Licensed Embalmer's Statement on Reverse Side)

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

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

David J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Bonworth Ma

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.