

No. 2  
1-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3702  
Registrar's No. 32

**FILED** FEB 15 1946  
Registration District No. 44/6

Primary Registration District No. 44/6

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

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Platte City, Mo.  
(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

3. (a) PRINT FULL NAME Mrs. Dorothy Elaine Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Jim G. Johnson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 11 1887  
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business housewife

12. Name James Allen Hulett

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

14. Maiden name Julia Field

15. Birthplace Platte County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jim G. Johnson

(b) Address Platte City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-13-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cemetery

18. (a) Signature of funeral director Ralline J Mitchell

(b) Address Platte City, Mo.

19. (a) 1-16-46 (Data received local registrar) (b) Mrs. B. Phia Ralline (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Platte City, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Jan day 10  
year 1946 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov. 1944 to Jan 10 1946  
that I last saw her or alive on Jan 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Injury pectoris

Due to Coronary Insufficiency

Due to Chronic Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: Of operations none

Of autopsy none

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 E. K. Langstrom (M. D. or other) \_\_\_\_\_  
Address Platte City Date signed 1/16/46

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MISSOURI  
1968

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 Frances M. Lippe  
..... Licensed Embalmer No. 4893  
P. O. Address Platte City, 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.**