No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3703

Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Parkville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Platte 82
(c) City or town Parkville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Emily Johnson
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George L. Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 2 - 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Mt Sterling (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Home
11. Industry or business Home
FATHER 12. Name Thomas Bolin
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Annie Hoskins
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Geo L. Johnson
(b) Address Parkville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Parkville Mo
18. (a) Signature of funeral director Leland H. Frances
(b) Address Parkville Mo
19. (a) 12-19-45 (Date received local registrar) (b) Mrs. Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1945 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 15, 1945 to Dec 17, 1945 that I last saw h alive on Dec 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bulbar Paralysis — Duration 2 months
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 D. J. Underwood (M. D. or other)
Address Parkville Mo Date signed 12/19/45

257 (Licensed Embalmer's Statement on Reverse Side)

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

100746

1945
74
1871

JUL 5 1958

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~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

P. O. Address Tarkville 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.