DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16452

Registration District No. 137 | Primary Registration District No. 3023 | Registrar's No. 100

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: Owens Nursing Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

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

(d) Street No. Owens Nursing Home 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) d
If yes, name country

3. (a) PRINT FULL NAME Nancy A Johnson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband ~~or wife~~ Caleb Johnson

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased 9 (Month) 1 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
80	8	22	

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Lambert

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

14. Maiden name Mary Campbell

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

16. (a) Informant Martha Nelson

(b) Address Clinton Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) 5-26-46 (Date received local registrar) (b) R. F. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 23 year 1946 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4-27, 1946 to 5/23, 1946 that I last saw her alive on 5-22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Myocardial Failure	
Senility	
Due to (b) Pelvic Fracture	
due to a fall at home	
Due to (c)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1-6-46
Of autopsy

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

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) acc. 42

(b) Date of occurrence

(c) Where injury occurred? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? Yes (e) Means of injury

23. Signature Ed C. Peelor M.D. (M. D. or other)

Address Clinton Mo Date signed 5/24/46

120 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Dist... 5-16-498
Date Filed 6-4-46

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.....

Licensed Embalmer No. 2478

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Fume

Registration District No. 187 Primary Registration District No. 3023 Registrar's No. 100

1. PLACE OF DEATH:

(a) County Henry (b) City or town Clinton
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(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 Nancy A. Johnson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 1 (Month) (Day) (Year)

8. AGE: Years 90 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 3 year 1946 hour P.M. minute
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident
(b) Date of occurrence Don't Know (Month) (Day) (Year)
(c) Where did injury occur? Near Clinton, Henry Co (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home
While at work? Yes (Specify type of place) (e) Means of injury Fall

23. Signature E. C. Peelor (M. D. or other)
Address Clinton Mo Date signed 6/7/46

SUPPLEMENTARY

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

16452