

No. 2
-2-43
5-17-39
X35657

State File No.

Registrar's No.

FILED MAY 21 1946

Registration District No. 273

Primary Registration District No. 5917

40

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural - St. Marys
(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 33 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural
(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 BERTHA ESTELLA JOHNSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 25 1946
to April 25 1946
that I last saw him alive on April 25
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife James Henry Johnson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 18, 1886
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Duration 6 hrs

8. AGE: Years 59 Months 5 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name James W. Moore

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

14. Maiden name Martha Jane Hammon

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

16. (a) Informant Albert Johnson

(b) Address _____

17. (a) Burial (b) Date thereof Apr. 30 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Watch Cemetery

18. (a) Signature of funeral director Walt Holt

(b) Address Fredricks town Mo.

19. (a) April 28, 1946 (b) Jos. J. Zolner
(Date received for registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations g30

Of autopsy _____

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. H. Bailey (M. D. or other) _____

Address Perryville Mo. Date signed 4/29/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Sanitary Health Officer No. 4

Sanitary File Number 546-2155

Sanitary No. S-20-46

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 John J. Volk

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.