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FILED JUL 29 1946

State File No. _____
Registrar's No. 61

Registration District No. _____
Primary Registration District No. 4198

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town King City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ella May Johnson.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Female! 5. Color or race Cau.
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife Maryon.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 23 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 21 hr. min.

9. Birthplace King City Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation House work.
11. Industry or business Same.

MOTHER FATHER
12. Name James W. Gibson!
13. Birthplace Scotland. (City, town, or county) (State or foreign country) 4

14. Maiden name Agness Both.
15. Birthplace Wisc. (City, town, or county) (State or foreign country) 1

16. (a) Informant Carle Johnson.
(b) Address King City Mo. R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.15.1946. (Month) (Day) (Year)
(c) Place: burial or cremation Star chapel.

18. (a) Signature of funeral director R. S. Haggart
(b) Address King City Mo.

19. (a) June 17 1946 (Date received local registrar) (b) Harvey M. Deibel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gentry 38
(c) City or town King City 20
(If outside city or town limits, write "RURAL") 0
(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 June day 13 year 1946 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3-24 to June 13
that I last saw her alive on June 10 and that death occurred on the date and hour stated above.
Immediate cause of death Cancer of Siver
Duration _____

Due to Cancer of Siver
Due to Cancer of Sigmoid
Thrust of Colon
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature D. E. Blacklock (M. D. or other) 4/2/54
Address King City Mo Date signed 6/15/46

AUG 22 1947

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

R. G. Taggart

Licensed Embalmer No. 2563.

P. O. Address King 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. aucy
Registrar's No. 610

Registration District No. 120

Primary Registration District No. 4198

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town King city
(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 _____ (Specify whether _____)
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 Ella May Johnson
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____ 19____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

Duration _____
Due to causary signed
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 68 Months _____ Days _____ (If less than one day) _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

Major findings:
Of operations _____
Of autopsy _____
22. If death was due to external causes, all in full: _____
(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 sight) _____ Means of injury _____
23. Signature W. S. Ackles (M. D. or other) _____
Address King city Date signed _____

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

22119

SUPPLEMENTARY

23261