

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration of Death **FILED AUG 1 1946** Primary Registration District No. **2000** Registrar's No. **564**

9  
2  
6  
22155  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Green**  
(b) City or town **Springfield Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1001 East Lynn street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **4 years 1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Green**  
(c) City or town **Springfield Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1001 E. Lynn street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Bessie Johnson**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **UNK.**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **3** year **1946** hour **10 P.M.** minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased from **April 15, 1945** to **July 3, 1946**  
that I last saw her alive on **July 3, 1946** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John Johnson** 6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **July 9 - 1892**  
(Month) (Day) (Year)

Immediate cause of death **Myocardial infarction**  
Due to **Phenemetic Heart Disease**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations **95%**  
Of autopsy \_\_\_\_\_

8. AGE: Years **53** Months **11** Days **24** If less than one day hr. min.  
9. Birthplace **UNK. Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**  
11. Industry or business \_\_\_\_\_  
12. Name **Wyatt Warr**  
13. Birthplace **UNK. Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Jane Luttrell**  
15. Birthplace **UNK. Kentucky**  
(City, town, or county) (State or foreign country)

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) (If means of injury)

16. (a) Informant **John Johnson**  
(b) Address **Springfield Mo. 1001 E. Lynn St**  
17. (a) **Burbala** (b) Date thereof **7-8-46**  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation **Linden Cemetery**  
18. (a) Signature of funeral director **T. B. Chaffar**  
(b) Address **8-8-46 Ogark Mo.**  
19. (a) **7-8-46** (b) **O. N. J. Handley**  
(Date received local registrar) (Registrar's signature)

23. Signature **Arthur Maff** (M.D. or other)  
Address **440 E. Canal** Date signed **7-8-46**  
**Spr. Mo. W**

OCT 24 1958

**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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address. Ozark 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.**