

S. No. 2
M-5-43
7-5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

26040

FILED JUL 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 91

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
At home
(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 Missouri (b) County Vernon

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

(d) Street No. 427 E. Ashland
(If rural, give location)

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

3. (a) PRINT FULL NAME Florence Elizabeth Johnson

3. (b) If veteran, name war

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1945, to July 8, 1946 that I last saw her alive on July 8, 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 L. M. Johnson

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 9, 1879
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Arterial disease
with hypertension

Due to _____

Other condition Minor coronary occlusion
(Include pregnancy within 3 months of death)
in May 1935

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>1</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Schell City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business _____

MOTHER FATHER

12. Name J. E. Gordon

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

14. Maiden name Sarah Coulter

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

16. (a) Informant L. M. Johnson

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof July 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schell City Mo.

18. (a) Signature of funeral director Raymond J. Berens

(b) Address Nevada Mo.

19. (a) 7-15-46 (b) Kathryn Jancey
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy 940

22. If death was due to external causes, fill in the following:

(c) 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 R. H. King (M.D. or other) _____
Address Nevada, Mo. Date signed 7-9-46

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

248319

RECORDED
District Mortuary Officer No. 7,
District File No. 6-46-766
Date Filed 7-23-46

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 Allen E. Hayes
Licensed Embalmer No. 1968
P. O. Address Devada, 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.