

**FILED SEP 13 1946** STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 252

Primary Registration District No. 4517

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County Taney  
 (b) City or town Branson  
 (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 .....  
 In this community .....  
 years, months or days (Specify whether

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Taney  
 (c) City or town Branson  
 (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 .....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 24  
 year 1946 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from June 17, 1946 to June 27, 1946  
 that I last saw her alive on June 23, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 1 wk

Due to .....

Due to .....

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

Major findings: Of operations 108

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? .....

(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 A

23. Signature Harry T. Evans M.D. or other M.D.  
 Address Branson, Mo. Date signed 7/18/46

3. (a) PRINT FULL NAME Fannie Elizabeth Johnson

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

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

6. (b) Name of husband or wife Geo. E. Johnson 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov 6 1865  
 (Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Portage Wis.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

12. Name Henry Fidler 4

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

14. Maiden name Don't know 9

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

16. (a) Informant George Johnson

(b) Address Branson, MO

17. (a) ..... (b) Date thereof 6-26-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson, MO

18. (a) Signature of funeral director R.O. Wheelchel

(b) Address Branson, MO

19. (a) 6-25-46 (b) Aick Brookshier  
 (Date received local registrar) (Registrar's signature)

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

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**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.....

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Sept  
Registrar's No. \_\_\_\_\_

Registration District No. 352 Primary Registration District No. 4517

1. PLACE OF DEATH:

(a) County Janey  
(b) City or town Branon  
(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

3. (a) PRINT FULL NAME

Janni E. Johnson

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Wed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov - 6 (Month) (Day) (Year)

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

9. Birthplace Reston, W. Va. (City, town, or county) (State or foreign country)

10. Usual occupation Stamenter

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Henry Tidlin  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Clark Run (City, town, or county) (State or foreign country)

16. (a) Informant Glenn Johnson  
(b) Address Branon Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Branon Mo.  
18. (a) Signature of funeral director R. D. Wheelch  
(b) Address Branon Mo.  
19. (a) June 29, 46 (Date received local registrar) (b) Rich Brantley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Janey  
(c) City or town Branon (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ and that death occurred on the date and hour stated above. Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
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? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-29340