

S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36571

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

State File No. 30628  
Registrar's No. 154

FILED SEP 18 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. 3228

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Carthage  
(c) Name of hospital or institution:  
1134 Regan St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 years  
years, months or days)

3. (a) PRINT FULL NAME HATTIE B. JOHNSON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Bert Johnson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 5 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mountair Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Levi M. Lewis  
13. Birthplace unknown Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Woodruff  
15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Johnson  
(b) Address 1134 Regan, Carthage, Mo.

17. (a) removal (b) Date thereof Aug 14 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Arnolds Park, Iowa

18. (a) Signature of funeral director Knell Mortuary  
(b) Address Carthage, Mo.

19. (a) 8-13-46 (b) R. B. Clements  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper 44  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. 1134 Regan St. 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 12  
year 1946 hour 3:32 minute a M.  
21. I hereby certify that I attended the deceased from Aug 8, 1946, to Aug 12, 1946  
that I last saw h. her alive on Aug 11, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days  
Due to Hypertension

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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)  
(c) Means of injury 0  
23. Signature R. B. Clements (M.D. or other) 0  
Address \_\_\_\_\_ Date signed 8-13-46

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

49  
1  
3

2944

MOTHER FATHER

189

(Licensed Embalmer's Statement on Reverse Side)

46-8-722

---

---

**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..... *Emm L. Noel* .....

Licensed Embalmer No. 391 .....

P. O. Address..... *Carehoy* .....

**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.**