

FILED OCT 16 1946

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **381**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hosp. Sedalia**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days.**
In this community **17 days.**
years, months or days

3. (a) PRINT FULL NAME **SARAH JANE JOHNSON**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **5** years

7. Birth date of deceased: **Jan 5 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **8** Days **26**
If less than one day hr. min.

9. Birthplace: **Benton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housewife**

11. Industry or business

12. Name: **John Wicklife**

13. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Jane Clanton**

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

16. (a) Informant: **Allen M. Lareghin**

(b) Address: **Warsaw, Mo.**

17. (a) **Burial** (b) Date thereof: **Oct 4 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Jesus Creek Chapel**

18. (a) Signature of funeral director: **Reed Funeral Home**

(b) Address: **Warsaw, Mo.**

19. (a) **10-2-46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**
(c) City or town **Warsaw Rt 2**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month **Oct** day **1**
year **1946** hour **11** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **19 SEPT 46**
to **1ST SEPT OCT, 1946**
that I last saw her alive on **1ST SEPT OCT, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death: **1. FRACTURE RIGHT FEMURE NECK**
2. FRACTURE 5TH LUMBAR VERTEBRA.
Due to **FALL**

Due to **FALL**

Other conditions: **SENILITY**
(Include pregnancy within 3 months of death)

Major findings: Of operations: **146A**
Of autopsy: **118**

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) **FALL**
(b) Date of occurrence: **14 SEPT - 1946**
(c) Where did injury occur? **HOME - WARSAW MO.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
HOME

While at work? **NO** (e) Means of injury: **FALL**

23. Signature: **Karl D. Jones** (M. D. or other) **MD**
Address: **Sedalia Mo.** Date signed: **1 OCT 46.**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10/25-86

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 John F. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.