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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43596

State File No. _____

Registration District No. 237

Primary Registration District No. 5820

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Edison

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: 0 (Specify whether In hospital or institution)

In this community 2 yr 6 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison

(c) City or town Edison 72
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi SW. Edison 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Evelyn Sue Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1946 hour 15 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 11 1946 to Dec 15 1946 that I last saw her alive on Dec 14 1946 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 0

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

7. Birth date of deceased: Dec 11 1944
(Month) (Day) (Year)

Immediate cause of death: Paroxysmal
asystole
undeveloped heart

Due to: Paroxysmal
asystole
undeveloped heart

Due to: Undeveloped heart

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

Years	Months	Days	hr.	min.
<u>2</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>

9. Birthplace Edison MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Major findings: 157E

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name W. G. Johnson

13. Birthplace Haysville, Mo. Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Ada Reese

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

16. (a) Informant Bob Johnson

(b) Address Edison

17. (a) Burnt (b) Date thereof 12-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staplefield

18. (a) Signature of funeral director Alfred Russell

(b) Address Fayette, Arkansas

19. (a) 1-27-47 (b) Mrs. Byron Sharp
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence now

(c) Where did injury occur? no (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)

Means of injury _____

23. Signature W. G. Johnson (M. D. or other) M.D.

Address Edison Date signed Dec 14/46

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

Revised D
District Health Office No. 2,
District File Number 247-181
Date Filed 2-7-47

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.