

S. No. 2  
-11-10-39  
-5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3705

FILED FEB 10 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4516

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Sullivan  
(b) City or town Milan  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

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

4. Sex FF / 5. Color or race W  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife WM - S - JOHNSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC 9 1858  
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace SULLIVAN CO (City, town, or county) (State or foreign country)

10. Usual occupation HORSES WIFE

11. Industry or business \_\_\_\_\_  
12. Name THOMAS A DUNLAP 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name CYNTHIA ANN YOUNG 9  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant EVERETT JOHNSON 1  
(b) Address MILAN

17. (a) BURIAL (b) Date thereof JAN 13 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director [Signature]  
(b) Address Milan Mo

19. (a) Feb 6 - 1947 (b) Miss H. B. Harris  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 105  
(a) State MISSOURI (b) County SULLIVAN  
(c) City or town MILAN (If outside city or town limits write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN, day 12  
year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 1945  
2 19 \_\_\_\_\_ to Jan 12, 1947  
that I last saw her alive on 1946 \_\_\_\_\_ 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Smile changes  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 147 B  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 20

23. Signature [Signature] (M. D. or other) 100  
Address Milan Date signed 1-22-47

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

RECEIVED  
District Health Officer No. 10  
District File Number 2-47-288  
Date Recd. FEB - 8 1947

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 Samuel Duggan

Licensed Embalmer No. 3792

P. O. Address Melan, 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, above space should be left blank.