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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947
Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

State File No. 74120
Registrar's No. 480

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Eureka,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway #66.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Sema Johnson,
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James S. Johnson,
6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased Mar. 8, 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 25
If less than one day hr. min.

9. Birthplace Bradley County, Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home,

12. Name William Hickman,

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

14. Maiden name Mary Jane Wardlaw,
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Lionel Brundige,
(b) Address Eureka, Mo.

17. (a) Removal (b) Date thereof Mar. 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granette, Ark.

18. (a) Signature of funeral director Schriader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 3-5-47 (b) Arthur J. Hollen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis,
(c) City or town Eureka,
(If outside city or town limits, write "RURAL")
(d) Street No. Highway #66.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 3,
year 1947 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from 2-2-31, 1947 to 3-3, 1947
that I last saw her alive on 3-2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 2 yr
Due to hypertension 93 h 5 yr
Due to Generalized arteriosclerosis 10 yr
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? _____
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Arthur J. Hollen (M. D. or other) _____
Address Eureka, Mo. Date signed 3-4-47

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

Theo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Balwin, 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, fact should be so stated above.