

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16488

State File No.

FILED JUN 10 1947

Registration District No. 32

Primary Registration District No. 3006

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
607 N. Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 503 Rogers St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA ELIZA 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 Married
6. (b) Name of husband or wife Felix Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 - 11 - 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 20 hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business
12. Name Robert Smith
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Russella Selby
15. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Johnson
(b) Address 607 N. Third St., Columbia, Mo.

17. (a) Burial (b) Date thereof 6-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 5-3-47 (b) Mrs. P. E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 10 minute P. M.

I hereby certify that I attended the deceased from May 10, 1947 to May 28, 1947
that I last saw her alive on May 28, 1947
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Cerebral hemorrhage
arterio sclerosis
arterial hypertension
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)

23. Signature [Signature] M. D. or other) 6/1/47
Address Columbia Date signed

WRITE PLAINLY—USING UNTADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

FEB 23 1949

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 9 1947

SEP 13 1955

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..... *Tom M. Harg*
Licensed Embalmer No. *4067*
P. O. Address *Columbia 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.