

Registration District No. 13
FILED JUL 14 1947

Primary Registration District No. 5135

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Quilin Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town Quilin Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary Johnson

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Robert Johnson 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April - 16 - 1909
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>2</u>	<u>29</u>	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business.....

12. Name John Bramlet

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

14. Maiden name Unknown

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

16. (a) Informant Robert Johnson

(b) Address Quilin Rural

17. (a) Burial (b) Date thereof 6-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quilin Cemetery

18. (a) Signature of funeral director Landree & Stone

(b) Address Campbell Mo.

19. (a) 7-1-47 (b) Dr. M. M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw her alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to unknown

Due to.....

Other conditions This lady was only 5 feet tall weighed over 300 lbs

Major findings: (M.P.)

Of operations.....

Of autopsy.....

Duration.....

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).....

(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?..... (Specify type of place)

While at work..... (e) Means of injury.....

23. Signature George W. Giff (M.D. or other)
Poplar Bluff Mo. Date signed 6/20-47

RECEIVED

District Health Office No. 2

District File Number 7-7-924

Date Filed 7-3-47

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.