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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23735

FILED AUG 11 1947

Registrar's District No. _____ Primary Registration District No. 3016 Registrar's No. 174

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

6
5
4

**1. PLACE OF DEATH:**
(a) County: Cole.
(b) City or town: Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 816 Jackson. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ In this community (Specify whether years, months or days): Four years.

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Cole. 26
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL") 5
(d) Street No.: 816 Jackson. (If rural, give location) 4
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: Rowena. May. 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: widowed
6. (b) Name of husband or wife: David M. Johnson. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 11 (Month) 3 (Day) 1878 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 9 | 2 | hr. min. |

9. Birthplace: Rolla. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House wife
11. Industry or business _____
MOTHER FATHER
12. Name: W. B. Merchant.
13. Birthplace: Michigan (City, town, or county) (State or foreign country)
14. Maiden name: Hanna May Rice
15. Birthplace: ~~Ohio~~ (City, town, or county) Iowa (State or foreign country)
16. (a) Informant: Walter Merchant.
(b) Address: Parsons, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Rolla, Mo.
18. (a) Signature of funeral director: Lee Johnson
(b) Address: Newburg Mo
19. (a) 8-5-47 (Date received local registrar) (b) R. P. Harris MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: August day: 5th year: 1947 hour: 10 minute: 55 A.M.
21. I hereby certify that I attended the deceased from April 9, 1947, to August 5th, 1947, that I last saw her alive on Aug. 4th, 1947, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Uremia | 5 days. |
| Due to: Generalized carcinomatosis | 6 mos. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: Adenocarcinoma, primary unknown (Liver nodule biopsy)
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature: J. Donald Shull (M. D. or other) M. D.
Address: 229 A E. High Jefferson City, Mo. Date signed: Aug. 5-47

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1947
APR 6 1970

## 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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Newburg 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.**