

No. 2  
-5-42  
5-17-39  
X32873

FILED AUG 13 1947

Registration District No. ....

Primary Registration District No. 5992

Registrar's No. 60

1. PLACE OF DEATH:  
 (a) County Putnam  
 (b) City or town Mendota R.F.D. 1  
(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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Putnam  
 (c) City or town Mendota R.F.D. 1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. ....  
(If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country .....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
 year 1947 hour 12:30p minute M.  
 21. I hereby certify that I attended the deceased from July 16  
 1947 to July 22 1947  
 that I last saw him alive on July 22 1947  
 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased March 10, 1869  
(Month) (Day) (Year)

Immediate cause of death  
 Lobar pneumonia 6 days  
 Duration

8. AGE: Years 78 Months 4 Days 12  
If less than one day hr. min.

Due to .....  
 Due to .....  
 Other conditions. Senile debility  
(Include pregnancy within 3 months of death)

9. Birthplace Putnam Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Major findings:  
 Of operations .....  
 Of autopsy .....  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business .....  
 12. Name Thomas Johnson  
 13. Birthplace do not know  
(City, town, or county) (State or foreign country)  
 14. Maiden name Angeline Day  
 15. Birthplace do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Ross Humphreys  
 (b) Address R. 1, Mendota, Mo.  
 17. (a) burial (b) Date thereof 7-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Shoney Cemetery

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) (e) Means of injury

18. (a) Signature of funeral director W. Johnson  
 (b) Address Centerville, Ia  
 19. (a) 8-5-47 (b) Marshall Durbin  
(Date received local registrar) (Registrar's signature)

23. Signature Chas L. Judd (M. D. or other)  
 Address Unionville, Mo. Date signed 7/22/47

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

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7/22/47

RECEIVED  
District Health Officer No. 10  
District File Number 8-42-1053  
Date Filed AUG 12 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.....  
*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Hugh L. Johnson*  
Licensed Embalmer No. *3487*  
P. O. Address *Cooterville, La*

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.