

**FILED** JUL 25 1947

Registration District No. 397

Primary Registration District No. 6186

Registrar's No. 20

**1. PLACE OF DEATH:**

(a) County Janey

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community most of life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Janey

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** INEZ BEATRICE JOHNSON

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEM / 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 3 1903  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>44</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Carroll Co. Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

**MOTHER FATHER**

12. Name Alfred Johnson

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

14. Maiden name Mary Hann

15. Birthplace Christian Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Carlet M. Johnson

(b) Address Janeyville, Mo.

17. (a) Burial (b) Date thereof 6-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helphrey Cem. Janeyville

18. (a) Signature of funeral director Clayton C. Forsyth

(b) Address Forsyth, Mo.

1-28-47 (b) C. R. Allaman  
(Registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 9  
year 1947 hour 8:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from JUNE 4 1947 to JUNE 9 1947  
that I last saw her alive on JUNE 5 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Overwhelming Toxemia

Due to Renal insufficiency

Due to Cardiac degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 930

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 \_\_\_\_\_

23. Signature H. W. Clapp (M. D. or other) \_\_\_\_\_

Address Forsyth, Mo. Date signed 6-10-47

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6;

District File Number 747-752

Date Filed JUN 21 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, <sup>and</sup> or by.....

Elmer C. Forsyth, Registered Apprentice No. 421  
working under my personal supervision.

Signed Mimmie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Branson, 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.