

Registration District No. **194** Primary Registration District No. **3038**

**1. PLACE OF DEATH:**

(a) County **Linn**  
(b) City or town **Brookfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Brookfield Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **42 years** (Specify whether years, months or days)  
In this community **42 years**

3. (a) PRINT FULL NAME **Bertie Johnson**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Edmund G. Johnson**  
6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **December 15, 1871**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>8</b>	<b>1</b>	hr. min.

9. Birthplace **St. Joseph, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Wilfred E. Embry**

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

14. Maiden name **Serepta Elizabeth Davis**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Ida G. Bedford**

(b) Address **St. Joseph, Missouri.**

17. (a) **Burial** (b) Date thereof **Aug. 17, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cemetery**

18. (a) Signature of funeral director **Rusk Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **8-20-47** (b) **Walter Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Linn**  
(c) City or town **Brookfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **234 East Lockling Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **16**  
year **1947** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 14, 1947**  
and that death occurred on the date and hour stated above.  
that I last saw her alive on **Aug 14, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cervix carcinoma**  
**of Mammary gland, 4 years**

Due to **Metastasis to**  
**mechanical glands, 6 mos.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **50**  
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?  
While at work? (Specify type of place) (e) Means of injury

23. Signature **Boyd Holley** (M. D. or other) **MD**  
Address **Brookfield Mo.** Date signed **Aug 16, 1947**

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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..... *Harold B. Wright*

Licensed Embalmer No. 3718

P. O. Address..... Brookfield, 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.**