S. No. 2
M—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1947

Registration District No. 206

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31810

Primary Registration District No. 5707

Registrar's No. 19

1. PLACE OF DEATH:

(a) County: Madison

(b) City or town: Mill Creek
(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 years, months or days)

In this community: 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Madison

(c) City or town: Mill Creek
(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: Clara Adeline 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: Thomas P. Johnson

6. (c) Age of husband ~~or wife~~ if alive: 77 years

7. Birth date of deceased: March (Month) 26 (Day) 1868 (Year)

8. AGE: Years 78 Months 3 Days 27 If less than one day: hr. min.

9. Birthplace: Madison Co., (City, town, or county) Missouri (State or foreign country) U

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Settles
13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sally Graham
15. Birthplace: unknown (City, town, or county) (State or foreign country) U

16. (a) Informant: Clarence Johnson
(b) Address: Mill Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Settles Cemetery

18. (a) Signature of funeral director: Webb-Adamson
(b) Address: Fredericktown, Mo.

19. (a) 7-28-1947 (Date received local registrar) (b) Florence Hicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1947 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1946 to July 23 1947 that I last saw her alive on July 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the Stomach

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): HB

Major findings:
Of operations: none

Of autopsy: none

Duration

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): no

(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? (c) Means of injury:

23. Signature: M. D. Burlew (M. D. or other)

Address: Fredericktown, Mo. Date signed: 7-24-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

[illegible] File Number 847-1018

[illegible] 8-5-47

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 L. Valjean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.