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ev. 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 SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32175

Registration District No. 294 Primary Registration District No. 6006 Registrar's No. 203

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Cairo McAuel
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Randolph
(c) City or town: Cairo McAuel
(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-FRANCES JOHNSON
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: William C Johnson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: 7 (Month) 28 (Day) 1849 (Year)

8. AGE: Years 98 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace: Randolph (City, town, or county) Mo (State or foreign country)
10. Usual occupation: at Home
11. Industry or business .....
MOTHER FATHER
12. Name: Kendell
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Betsy Smith
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Merle McKinney
(b) Address: Cairo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill
18. (a) Signature of funeral director: Fred C. Johnson
(b) Address: Madison Mo
19. (a) 9-17-47 (Date received local registrar) (b) Leo Dreesman Coroner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1947 hour 10 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1946 to Aug 28 1947 that I last saw her alive on 28 Aug 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility & Dementia — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 10 B
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: John S Haidock (M. D. or other) MD
Address: Cairo, Mo Date signed: 2 Sep 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9:47:1245
Date Filed SEP 15 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Mrs Fred A. Johnson

Licensed Embalmer No. 3282

P. O. Address Madison, 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.