S. No. 2
1-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

32650
State File No. .....
Registrar's No. 8970

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hosp.
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wood
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1714 Webster 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Narcissa Johnson
3. (b) If veteran, name war -----
3. (c) Social Security No. -------
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Silas Johnson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 28 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	7	27	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
MOTHER
12. Name Anderson Weakley
13. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
FATHER
14. Maiden name Emma Scruggs
15. Birthplace Murphysboro (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Jesse Weakley
(b) Address 4005 Enright Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.
19. (a) SEP 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 25
year 1947 hour 9:35 minute A. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis Originating from the Uterus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Alfred Perry (M. D. or other)
Address ..... Date signed 9/26/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E Culkin

Licensed Embalmer No. Lic # 498

P. O. Address St Louis 13 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.