

S. No. 2  
 Form 8-43  
 v. 5-17-39  
 X37823

33602

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED OCT 29 1947

THE STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 154

Registration District No. 10

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos.  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico, Missouri.  
(If outside city or town limits, write "RURAL")

(d) Street No. 915 E. Jackson  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sallie T. 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 Widowed

6. (b) Name of husband or wife Clarence Johnson

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

7. Birth date of deceased Oct 22, 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Audrain Co., Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John T. Harrison

13. Birthplace Calloway Co., Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth T. Harrison

15. Birthplace Calloway Co., Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D. W. May

(b) Address Mexico, Missouri.

17. (a) Burial (b) Date thereof Oct 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Blanche Keely

(b) Address Mexico, Missouri.

19. (a) 10/23/47 (b) Blanche Keely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
 year 1947 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from 7/11/47, 19\_\_\_\_, to 10/21/47, 19\_\_\_\_;  
 that I last saw her alive on 10/21/47, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis  
Myocarditis

Due to Herpetic infection

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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 Frank J. Kelly M.D. or other M.D.

Address Mexico, Mo. Date signed 10/22/47

RECEIVED  
District Health Officer No. 10  
District File Number 10-47-1424  
Date Filed OCT 28 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 Emerett B. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.