S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34827

Registration District No. 155 | Primary Registration District No. 3127 | Registrar's No. 158

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 216 North Penn.
(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: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Webb City
(If outside city or town limits, write "RURAL")
(d) Street No.: 216 North Penn.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bessie 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~~: WIDOWED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 14 (Day) 1897 (Year)

8. AGE: Years 50 | Months 5 | Days 14 | If less than one day: hr. min.
9. Birthplace: Webb City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Oll Terry
13. Birthplace: (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Francis Neoma Lane
15. Birthplace: (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: WILLARD TERRY
(b) Address: WEBB CITY, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: OCT. 27, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MOUNT HOPE CEM.
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) OCT. 25, 1947 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Oct. day: 24 year: 1947 hour: 4 minute: 25 a. M.
21. I hereby certify that I attended the deceased from April 26, 1947, to Oct. 24, 1947, that I last saw her alive on Oct. 24, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of 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: G. D. Munson (M. D. or other) D.O.
Address: Webb City, Mo Date signed: 10-24-47

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

47-10-806

FEB 7 1958

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 Leonard J. Lewis Jr. Registered Apprentice No. 46, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2859

P. O. Address [illegible]

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.