. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37536

State File No.

Registration District No. 88

Primary Registration District No. 5327

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Cook Station MO
(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 1 (Specify whether
In this community All of hear Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Cook Station
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? American (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. F
6. (b) Name of husband or wife Lawrence Johnson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 29 (Day) 1869 (Year)

8. AGE: Years 78 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Born Crawford MO (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Richard Roberts
13. Birthplace Crawford Co MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Ann Taff
15. Birthplace Crawford Co MO (City, town, or county) (State or foreign country)
16. (a) Informant Lawrence Johnson
(b) Address Cook Station MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Taff Cemetery
18. (a) Signature of funeral director A. J. Jones & Son
(b) Address Steelville MO
19. (a) 11-22-47 (Date received local registrar) (b) C. Gibbs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14th year 1947 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from June 1947, to 11-14 1947; that I last saw her alive on 11-9- 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Adino Carcinoma of Chest
Due to Adino-Carcinoma of Pick T Head
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 E. A. Scott M.D. (M. D. or other)
Address St. James Hospital St. James Date signed 11-21-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

Cash 50 00

NOV 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 L. J. Jones, Registered Apprentice No. ....., working under my personal supervision.

Signed L. J. Jones

Licensed Embalmer No. 2379

P. O. Address Steelville 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.