S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

38648

State File No.

FILED DEC 9 1947

Registration District No. 1976

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2604 Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All Her Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2604 Virginia 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Netta 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 Irvin Johnson

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

7. Birth date of deceased May (Month) 23 (Day) 1858 (Year)

8. AGE: Years 89 | Months 5 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Gentry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Will Goble
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phoebe Bowers
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Forest Johnson
(b) Address 2602 Virginia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Mortuary
(b) Address Joplin, Mo.

19. (a) 10-30-47 (Date received local registrar) (b) Dolores Lamphiris DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th year 1947 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw ..... alive on ..... 19....; and that death occurred on the date and hour stated above.

Did not attend

Immediate cause of death Cardiac Failure

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 97

Of autopsy

Coroner's Investigation

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) 21

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) DO

Address 2114 Joplin Date signed 10/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-941

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.