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 FEB 3 1948

Registration District No. 389

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5163

State File No. 437

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Callaway Cotes Sanderson Twp

(b) City or town Barkersville Mo Rural
(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 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Rural Nearer Barkersville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1 Mi. South of Barkersville, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lulu Fenton Johnson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased Sept 10, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	4	2	hr. min.

9. Birthplace Barkersville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Caleb Babb
13. Birthplace Barkersville, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Jennings 0
15. Birthplace Barkersville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Johnson
(b) Address Tebbetts, Mo.

17. (a) Burial (b) Date thereof 1-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Link Cemetery

18. (a) Signature of funeral director Victor Bieschke
(b) Address Jefferson City, Mo.

19. (a) Jan 23-48 (b) LeRoy Claypool
(Date received local registrar) (Registrar's signature) 34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1948 hour 6 15 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1947 to Jan 12 1948
that I last saw her alive on Jan 12, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 days
Due to Hypertensive heart d Senility	2 month
Due to Hypertension decompensation	2 yrs.
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) 0
While at work? (e) Means of injury

23. Signature H. Kanagawa (M. D. or other) MD
Address 1 Dallmeyer Bldg Date signed 1/12/48

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

RECEIVED
District Health Officer No. 9,
District File Number 1-31-46
Date Filed

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 Victor Bueschu

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.