

S. No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

668

State File No. _____

Registration District No. 99

Primary Registration District No. 4168

Registrar's No. 4

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Maysville RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Life
In this community _____ years, months or days

3. (a) PRINT FULL NAME Bessie Mae 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 Married
6. (b) Name of husband or wife Clarence Johnson 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased MAY 10 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Maysville MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Redmond
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schemhorn
15. Birthplace Ken,
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Johnson

(b) Address Maysville Mo.

17. (a) Burial (b) Date thereof 1-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maysville Mo.

18. (a) Signature of funeral director _____

(b) Address Maysville Mo.

19. (a) 1-16-48 (b) R. Redmond (Registrar's signature) 821
(Date of local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County De Kalb 32
(c) City or town Maysville Rural 12
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1948 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 1948 to Jan 14 1948
that I last saw her alive on Jan 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 12 yrs?
Duration _____

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 6 months of death) ?

Major findings:
Of operations _____
Of autopsy 90
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? 2

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Redmond (M. D. or other) R.D.

Address Maysville MO Date signed 1-15-48

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

John E. Brown

Licensed Embalmer No.

3933

P. O. Address

Wayville, 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.