No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11378

Registration District No. 2 — Primary Registration District No. 4009 — Registrar's No. 238

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

1. PLACE OF DEATH
(a) County Andrew
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 708 Chestnut 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew 2
(c) City or town SAVANNAH 1
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Chestnut St 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mary Ellen Johnson
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex F 1 — 5. Color or race W — 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased JAN (Month) 6 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79	3	8	..... hr. ..... min.

9. Birthplace near Pitsburg (City, town, or county) Penn 1 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Edward H Treasure
13. Birthplace un Known 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name un Known 1
15. Birthplace un Known 9 (City, town, or county) (State or foreign country)
16. (a) Informant Gordon Johnson 1
(b) Address Savannah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah
18. (a) Signature of funeral director L. G. Brett
(b) Address Savannah Mo
19. (a) Apr. 17, 1948 (Date received local registrar) (b) Lillian Sparks 2 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from 5-8, 1946, to 4-14, 1948; that I last saw her alive on 4-13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Tuberculosis, Faradeanid	1
Due to with Cavitation	3 years
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.

13 B

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0
23. Signature Gilbert B. Gilbert (M. D. or other) MD
Address Savannah, Mo Date signed 4-16-48

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

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Lawsonah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
1—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 238

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Savannah
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary E. 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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 6 (Day) 1864 (Year)

8. AGE: Years 74 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 1948 year hour minute M.

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

	Duration
Immediate cause of death Pulmonary Tuberculosis	
Due to Bilateral	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13 Bok	
Of autopsy	

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

23. Signature Gilbert B. Kelley (M. D. or other)
Address Savannah, Mo. Date signed Wid

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