V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12339

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 24

45 / /

1. PLACE OF DEATH:
(a) County: Howard
(b) City or town: Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 hr. (Specify whether
In this community: ----- years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Howard 45
(c) City or town: Fayette, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Richmond twp. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: Dedra Lynn Johnmeyer
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: ----- 0
6. (b) Name of husband or wife: -----
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: April (Month) 7 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 1 hr. - min.

9. Birthplace: Fayette, Mo. (City, town, or county) Howard County (State or foreign country)
10. Usual occupation: ------
11. Industry or business: ---

FATHER:
12. Name: Hillard Johnmeyer
13. Birthplace: Cooper County Mo. 0 (City, town, or county) (State or foreign country)

MOTHER:
14. Maiden name: Gloria Lewis
15. Birthplace: Hannibal Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Hillard Johnmeyer
(b) Address: Fayette, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Fayette City Cemetery
18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette Mo.
19. (a) 4-24-1948 (Date received local registrar) (b) Dorothy Jean Sohn (Registrar's signature) 1/1/47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from April 7, 1948, to April 7, 1948; that I last saw her alive on April 7, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity (6 mo. baby)
Due to: Cesarean on mother due to
Due to: placenta previa
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 1 5 9
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: Ross Shaw (M. D. or other) M.D.
Address: Fayette Mo Date signed: 4/7/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6

District File Number _____

Date Filed 5-5-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by:~~ _____ Registered Apprentice No. _____, ~~working under my personal supervision.~~

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.