

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

23943

Notified Office of Vital Statistics
FILED AUG 16 1948

State File No. _____

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. 2325

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town Douglas
 (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 54 years (Specify whether)
 years, months or days)

3. (a) PRINT FULL NAME Lue W. Johnson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

5. Color or white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Ralph Johnson
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased June 24 1865
 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 28
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name L. Thomas Ripley
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Johnson
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank C. Johnson
 (b) Address Douglas, Mo.

17. (a) burial (b) Date thereof 6-23-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation home steel beam

18. (a) Signature of funeral director By Edwards
 (b) Address Douglas, Mo.

19. (a) 7-21-48 (b) E. W. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
 (c) City or town Douglas
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
 year 1948 hour 9 minutes 50 p.m.
 21. I hereby certify that I attended the deceased from March
 _____, 1947, to June 22, 1948
 that I last saw her alive on 9 June, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
 Due to Carcinoma - gastro-intestinal tract - probably primary
 Due to in stomach

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy 46 M

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 0

23. Signature Frank C. Johnson (M. D. or other) M.D.
 Address Douglas, Mo. Date signed 19 July 48

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

300
47
39
3906

~~Date Filed 8-11-48~~
~~District File Number 84578~~
District Health Officer No. 5,
RECEIVED 8-9-48

not embalmed

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 *Valer Johnson*
Licensed Embalmer No. *4271*
P. O. Address *Raymond, Ill*

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.