

3. No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27056

State File No. _____

FILED SEP 13 1948

Registration District No. 270

Primary Registration District No. 4323

Registrar's No. 153

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Ravanna
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED: Mercer

(a) State Mo (b) County Ravanna 15

(c) City or town Ravanna 0
(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)
If yes, name country _____

3. (a) PRINT FULL NAME Mary M. Johnson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 22 day
year 1948 hour 8:20 A. minute _____ M.

21. I hereby certify that I attended the deceased from
June 25 1948 to August 22 1948
that I last saw her alive on August 22 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Samuel Johnson

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Sept. 11 1864
(Month) (Day) (Year)

Immediate cause of death _____
chronic myocarditis 5 yrs

Due to nephritis 10 yr

8. AGE: Years Months Days If less than one day

83 11 11 _____ hr. _____ min.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Mercer Co. Mo.
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Thomas Deardorff

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ester Harryman

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cora L. Lowry

(b) Address Ravanna, Mo.

17. (a) Burial (b) Date thereof 8-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna Ceme.

18. (a) Signature of funeral director Martin Funeral Home

(b) Address Princeton, Mo.

19. (a) 8/30/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature Byron J. Artell (M. D. or other) D.O.

Address Princeton, Mo. Date signed 8/23/48

**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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Pliminton, 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.