No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34746

FILED OCT 6 1948

Registration District No. 239

Primary Registration District No. 6140

Registrar's No. 88

1. PLACE OF DEATH:
(a) County: Shelby county
(b) City or town: Clarence, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: Thirty yeras
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby
(c) City or town: Clarence Rural 8Mi. S.W
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Rosie Emiline Johnson
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Delbert Johnson
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: February 24th 1900 (Month) (Day) (Year)
8. AGE: Years 48 Months 7 Days 5 If less than one day hr. min.
9. Birthplace: Sunbright (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: " "
FATHER 12. Name: Gemal Hall
13. Birthplace: N. Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Floyd
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Delbert Johnson
(b) Address: Clarence, Mo.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 10-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ridings cemetery
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Clarence, Mo.
19. (a) Oct 1-48 (Date received local registrar) (b) Clark Joyce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th year 1948 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from May, 1948 to Sept 28, 1948 that I last saw her alive on Sept 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	3 day
Due to: Carcinoma of uterus	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 13	
Of autopsy: 48	

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? Means of injury:
23. Signature: D L Harlan (M. D. or other)
Address: Clarence mo Date signed: Oct 1-48

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. 10
District File Number 10-48-1749
Date Filed OCT 5 - 1948

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 O W Hawkins

Licensed Embalmer No. 3498

P. O. Address Silver Spring Md

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.