

No. 300
-10-47
5-17-39
P 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33854

FILED OCT 19 1948
Registration District No. 316

Primary Registration District No. 6072

Registrar's No. 323

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Doe Run
(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 years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois 94

(c) City or town Doe Run 1
(If outside city or town limits, write "RURAL")

(d) Street No. Highway "W" 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Maria Johnson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1948 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from July 5 1948 to Oct 8 1948
that I last saw her alive on Oct 8 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 Gust Johnson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 6 1859
(Month) (Day) (Year)

Immediate cause of death Coronary Heart Failure

Duration _____

8. AGE: Years 89 Months 9 Days 2 If less than one day hr. _____ min. _____

Due to Arteriosclerosis
Heart Disease

Due to General Arteriosclerosis

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

9. Birthplace unknown Sweden 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Jona Swenson 7

13. Birthplace unknown Sweden 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace unknown 9
(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.

16. (a) Informant Mrs. Albertine Brewen

(b) Address Doe Run, Mo

17. (a) burial (b) Date thereof 10/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem. Doe Run, Mo

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

(b) Address Farmington, Mo

19. (a) 10-11-48 (b) Esther Rudloff
(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)

(e) Means of injury _____

23. Signature F. Richard Cypel (M. D. or other) W.D.
Address Farmington, Mo Date signed 10-11-48

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

94
00

RECEIVED

District Health Officer No. 4
District File Number 1048-13
Date 10-18-48

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 Paul H. Dwyer

Licensed Embalmer No. 4120

P. O. Address Lanham, Tex

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.