

No. 2
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42325
Registrar's No. 23

Registration District No. 372

Primary Registration District No. 4-3-43-6268

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Seymour Rt. 1
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Seymour Rt. 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Zella Lovetta Johnson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 10 1877
(Month) (Day) (Year)

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

71 10 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Thomas S. Sterling

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

14. Maiden name Sophia Ann Simpson

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

16. (a) Informant Ms. Margorie Garner
(b) Address Seymour Rt. 1

17. (a) Burial (b) Date thereof 12 11 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fevery, Kansas County

18. (a) Signature of funeral director W. L. Terrell, Bergman
(b) Address Seymour Mo

19. (a) 12-18-48 (b) Wilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1948 hour 9 minute 40 AM.

21. I hereby certify that I attended the deceased from Nov 10 1946 to Dec 6 1948
that I last saw her alive on Dec 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tubal stenosis

Due to General weakness & debility

Due to _____

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

Major findings: Of operations 92 B

Of autopsy _____

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 J. A. Fuson (M. D. or other) _____
Address M. Mansfield Date signed 12-7-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1248-1386

Date Filed 12-30-48

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.....

Max L. Miller

Registered Apprentice No. 282

working under my personal supervision.

Signed H. H. Kelly

Licensed Embalmer No. 3334

P. O. Address Gasland mro

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.