

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4354**
Registrar's No. **44**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **30.16**

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wynthe Ave. Sanitar		d. STREET ADDRESS (If rural, give location) Wynthe Ave.	

3. NAME OF DECEASED (Type or Print) Nellie Johnson			4. DATE OF DEATH (Month) (Day) (Year) 2-19-1949		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19, 1895	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months 10 Days 0	11. UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Machin	10b. KIND OF BUSINESS OR INDUSTRY State Capital	11. BIRTHPLACE (State or foreign country) Monroe Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Summers	13b. MOTHER'S MAIDEN NAME Lucy White	14. NAME OF HUSBAND OR WIFE Fred Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, please specify) No	16. SOCIAL SECURITY NO. (If you state date of service) None	17. INFORMANT'S SIGNATURE OR NAME Fred Johnson	ADDRESS Monroe Co., Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Seven days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyper-tension + anemia DUE TO (c) Chronic nephritis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General debility		334X	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION emp	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jefferson City	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-19-49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-13-**, 19**49**, to **2-19-**, 19**49**, that I last saw the deceased alive on **2-19-**, 19**49**, and that death occurred at **2:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Richardson M.D.	23b. ADDRESS 121 Lafayette, Jeff. City	23c. DATE SIGNED 2-21-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 2-23-49	24c. NAME OF CEMETERY OR CREMATORY Monroe Co. Cemetery	24d. LOCATION (City, town, or county) (State) Monroe Co. Mo.
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DATE REC'D BY LOCAL REG. Feb. 21-1949	REGISTRAR'S SIGNATURE R.P. Davis M.D. By Norma Richter	25. FUNERAL DIRECTOR'S SIGNATURE Lester Brown	ADDRESS 700 Jefferson
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MAR 3 1949

Date filed

District File Number

District Health Officer No. 9,

RECEIVED

MAY 13 1949

MAR 14 1949

MAR 14 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. 3644

P. O. Address _____

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.