

FILED FEB 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5329

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jasper	
b. CITY OR TOWN Mineral Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mineral Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles North Webb City		d. STREET ADDRESS (If rural, give location) 2 M. n. Webb City	
3. NAME OF DECEASED (Type or Print) BEATRICE JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 85 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 15, 1911
9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Jasper County Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ross Craig	
13b. MOTHER'S MAIDEN NAME Bertha Gist		14. NAME OF HUSBAND OR WIFE Wallace Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace Johnson R#1 Oronogo, Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia			
ANTECEDENT CAUSES DUE TO (b) Hanging about the neck until dead.			
DUE TO (c) Menopausal Manic Depressant Psychosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6474	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mineral Twp. Jasper Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> Hanged self.	
22. I hereby certify that I attended the deceased from (Did Not Attend Above) 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. Coroner Jasper Co.		23b. ADDRESS Joplin Nat'l Bnk. Bldg.	
23c. DATE SIGNED 2-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/49	
24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery		24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	
DATE RECD BY LOCAL REG. FEB 9, 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge-Lewis Webb City, Mo.	

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

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.....

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *2859*

P. O. Address *[Handwritten 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.