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FILED MAR 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8879

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 52					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper 119							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 49yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		0					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) Rt #1 (Oakland)							
3. NAME OF DECEASED (Type or Print) BERTHA			a. (First) K.		c. (Last) JOHNS		4. DATE OF DEATH March 8, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH November 25, 1886		9. AGE (In years last birthday) 82			
						IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days 13			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY at home			11. BIRTHPLACE (State or foreign country) Germany 4			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME no data			13b. MOTHER'S MAIDEN NAME no data			14. NAME OF HUSBAND OR WIFE no data					
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. none			17. INFORMANT'S SIGNATURE OR NAME Harry Johns					
						ADDRESS Webb City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Arterial Failure							INTERVAL BETWEEN ONSET AND DEATH 6 hrs		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Liver									
		DUE TO (c)									
		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 155X								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-7, 1949, to 3-8, 1949, that I last saw the deceased alive on 3-8, 1949, and that death occurred at 5:20 P.M., from the causes and on the date stated above.											
23a. SIGNATURE C. J. Gregory				(Degree or title) No. 2		23b. ADDRESS Webb City, Mo.			23c. DATE SIGNED 3/9/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/11/49		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park			24d. LOCATION (City, town, or county) (State) Joplin, Missouri				
DATE REC'D BY LOCAL REG. MCH -9; 1949		REGISTRAR'S SIGNATURE J. L. Hutchins			137		25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis				
							ADDRESS Webb City, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 1285-9

P. O. Address W. Sledge

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.