

FILED MAR 18 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11323

State File No.

BIRTH NO. 49-012173 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 11

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Washington</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-Union</u> | | c. LENGTH OF STAY (in this place) <u>life</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-Union</u> | | 110 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tiff, Mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>Tiff Mo</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> | | b. (Middle) <u>ANN</u> | |
| | | c. (Last) <u>Johnson</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 10 1949</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u> | 8. DATE OF BIRTH <u>Feb 6 1949</u> |
| 9. AGE (In years last birthday) <u>32</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 1 YEAR Days <u>2</u> | IF UNDER 1 HR. Hours <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Washington Co, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Joseph N. Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARTHA B CAIN</u> | |
| | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| | | 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Johnson</u> | |
| | | ADDRESS <u>Tiff, Mo.</u> | |
| 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) <u>Bronchitis-Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cause undet.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u> | |
| | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 <u>6 Feb 1949</u> , to <u>10 Mar 1949</u> , that I last saw the deceased alive on <u>9 Mar 1949</u> , and that death occurred at <u>8:30 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold V. Magarity M.D.</u> | | 23b. ADDRESS <u>De Soto Mo.</u> | |
| | | 23c. DATE SIGNED <u>10 Mar 49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAR 11 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY: <u>Catholic</u> | 24d. LOCATION (City, town, or county) (State) <u>Tiff Mo</u> |
| DATE REC'D BY LOCAL REG. <u>3/10/49</u> | REGISTRAR'S SIGNATURE <u>Herbert K. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>See Mathushead</u> | |
| | | ADDRESS <u>De Soto, Mo</u> | |

OFFICE No. 4
Lic. No. 249-363
Date 3-16-49

This baby was not embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed J. Lee Mathershead
Licensed Embalmer No. 3531

P. O. Address De Soto, Mo

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.