

FILED MAY 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11505

1000  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Boone RFD 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia #1</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS <u>Columbia #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>JOHNSON</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 3 1949</u>
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>2</u> <u>Negro</u>	7. <del>MARRIED</del> <u>NEVER MARRIED</u> , <del>WIDOWED</del> , <del>DIVORCED</del> (Specify) <u>2</u>	8. DATE OF BIRTH <u>Aug 24, 1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X X X</u>	
11. BIRTHPLACE (State or foreign country) <u>Boone County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Alford Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Dont known</u>	
14. NAME OF HUSBAND OR WIFE <u>Addison Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Kelley Johnson</u>		ADDRESS <u>Columbia Mo 314 Oak</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<u>4 2 2 2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis (Chronic)</u>			<u>2 yr</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
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)		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>Apr-12</u> , 1949, to <u>May-3</u> , 1949, that I last saw the deceased alive on <u>May 1</u> , 1949, and that death occurred at <u>8:05A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. C. Suggitt M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia</u>	
23c. DATE SIGNED <u>5-5-49</u>			
24a. BURIAL (Specify)		24b. DATE <u>May 19 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Providence</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia RFD 1 Mo</u>	
DATE REC'D BY LOCAL REG <u>May 5 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>AG. Freeman</u>		ADDRESS <u>Columbia Mo</u>	

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed MAY 10 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 ME

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia - 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.